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ABSTRACT

This compilation of resource materials was designed to facilitate internal agency improvements by providing a convenient and efficient framework for self-assessment of child welfare services. Resource materials are organized into seven sections arranged to reflect the sequence of decisions or activities that occur in an agency offering child welfare services. Following the introduction, the sections on emergency/protective services and intake/service choice describe agency activities from initial service contact to ongoing service provision. The next four sections present the main service areas: in-home services, foster family care, adoption, and residential group care. The final section on case management/administration covers matters of general concern to all divisions of an agency providing child welfare services. Each section highlights related research findings and provides a bibliography. (JMB)

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LOCAL CHILD WELFARE SERVICES

SELF-ASSESSMENT MANUAL

Part II - Resources

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FOREWORD

The Local Child Welfare Services Self-Assessment Manual was developed for use by administrators of local agencies that deliver child welfare services.

The first 5,000 copies of the Manual, published in 1978, were rapidly distributed. This second edition has been printed in two separate companion volumes -- Part I - Checklists, and Part II - Resources. The checklists and resource material reflect the current state of "good practice" in child welfare and should be of value to those involved in providing social services to children and their families.

We wish to express appreciation to The Urban Institute, the seventeen local agencies that field-tested the Manual, and the Advisory Committee for their contributions to the development of this self-assessment tool which we anticipate will prove useful to the thousands of agencies serving our nation's children.

Frank Ferro
Frank Ferro
Associate Chief
Children's Bureau

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The Local Child Welfare Services Self-Assessment Manual was developed by the Urban Institute under the auspices of the National Center for Child Advocacy of the United States Children's Bureau, Department of Health, Education, and Welfare. Frank Ferro, Helen V. Howerton, Charles Gershenson, E. Dollie Wolverton, and Doreen Bierbrier of the Children's Bureau contributed their expertise, support, and guidance to the project. Primary impetus for the project was provided by Mrs. Howerton and Dr. Gershenson.

During the course of the development of the Local Child Welfare Services Self-Assessment Manual, contributions were made by many individuals. The basic plan for this project was formulated by Jerry S. Turem, former Director of the Social Services Research Program of The Urban Institute. Dr. Turem provided significant guidance in the conceptualization and development of the Manual. Elizabeth L. Dickson made a major contribution to development of the format and content of the Manual during the early stages of the project. Alice H. Hill compiled and revised the original materials for the Residential Group Care Section, and also contributed to other sections of the Manual.

The project team is also grateful for Bayla F. White's assistance in developing the field test methodology and providing guidance on gathering the data. The secretarial staff under the direction of Wilma Frum, and our project secretary, Connie Barnes, in particular, have worked tirelessly over the many revisions of the manual.

Members of the project's Advisory Committee reviewed the Manual and provided constructive feedback and recommendations. We are grateful for their thoughtful encouragement and feedback.

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The following individuals served as consultants to the project during the early stages of development: Florence Criss, Alfred Kadushin, Margaret LaRocca and Mary Lee Leahy. Another consultant, Barbara Joe, prepared a working paper on adoption services.

We would like to express our appreciation to the 17 local public child welfare agencies who field-tested this Manual. Over a period of two months, the staffs of these agencies contributed valuable feedback regarding the structure, content, and utility of the Manual as a self-assessment instrument. Our gratitude goes to the following individuals who were responsible for conducting the assessment in their agencies, and to their staffs.

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I. INTRODUCTION

PURPOSE:

The Local Child Welfare Services Self-Assessment Manual was developed by The Urban Institute under contract with the U.S. Children's Bureau of the Administration for Children, Youth and Families (DHEW) for use by administrators of local social service agencies. This Manual is designed to facilitate internal agency improvements by providing a convenient and efficient framework for self-assessment of child welfare services.

Although the original Manual included both self-assessment checklists and resource materials, this second edition has been printed in two separate, companion works -- Part I consisting of checklists and Part II of resource materials. The Manuals provide a compilation of best practices for child welfare services based on recommendations derived from the child welfare literature and reports of exemplary programs. The self-assessment instruments and resource materials were field-tested in seventeen local agencies providing social services to children and their families. The agencies were selected to represent rural and urban communities of varying sizes in both state and locally administered service delivery systems throughout the United States. Agency responses and recommendations were incorporated into this final edition of the Manual.

An attempt has been made to provide a systematic and practical method for program administrators, supervisors and line social service staff to assess agency performance objectively. Given the complex network of child welfare decisions, activities and time constraints, agency staff are seldom able fully to assess the adequacy of their service delivery activities. The Manual addresses this concern for accountability by providing an objective format that can be used voluntarily by agency staff.

Major benefits that this Manual can provide for social services administrators and staff include the following: (1) it alerts staff to problem areas of which they were previously unaware; (2) it provides a systematic method for documenting problems and reasons for change; (3) it facilitates discussion of service delivery issues among staff; and (4) it provides baseline data as measures for evaluating changes and documenting progress in services and programs.

An attempt has also been made to disseminate service delivery concepts and applications derived from research and demonstration projects involving local child welfare services. The self-assessment instruments and resource sections of the Manual suggest procedures or innovations that have proved useful in other agencies or have been recommended by child welfare specialists. The resource sections may be viewed as a synthesis of current best practices in child welfare, organized to meet the needs of local agencies.

DEFINITION OF CHILD WELFARE SERVICES

Child welfare services are defined here as the provision of, or arrangement for, social services in public and private organizational units, according to the definition provided by the Social Security Act. This definition includes services delivered by all public and private agencies providing social services to children and their families, including organizations where child welfare services are part of a larger umbrella agency. These services should supplement or substitute for parental care and supervision for the purpose of:

- "Preventing or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children.
- Protecting and caring for homeless, dependent, or neglected children.
- Otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or, when needed, the provision of adequate care of children away from their homes in foster family homes or day-care or other child-care facilities."[1]

FORMAT OF THE MANUAL AND SUMMARY OF THE CONTENTS

Parts I and II of the Manual consist of eight sections, including an introduction and seven sections covering a different facet of the child welfare system. Part I contains checklists in question format. Part II highlights related research findings and provides a bibliography. Specific references to the resource sections are footnoted throughout the checklists.

The seven sections are organized to reflect the sequence of decisions or activities that occur in an agency offering child welfare services. Following the Introduction, Section I, the Emergency/Protective Services and Intake/Service Choice sections address agency activities from initial service contact to the point of ongoing service provision. The next four sections present the main services areas: In-Home Services, Foster Family Care, Adoptions, and Residential Group Care. The final section, Case Management/Administration, covers matters of general concern to all divisions of an agency providing child welfare services. The issues addressed by the Manual are briefly outlined below:

Section II. Emergency/Protective Services

- initiating service delivery in emergency cases
- provididng public education for comprehensive emergency services
- case reporting
- coordinating with other agencies

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[1] Title IV-B of the Social Security Act, (sec. 425), cited in CFR 45, revised October 1, 1975, gives this definition of the range of child welfare services.

Section III. Intake/Service Choice

- providing non-emergency intake
- formulating case plans
- preparing effective records for legal proceedings

Section IV. In-Home Services

- providing standards for service providers
- matching services to client problems
- coordinating client, caseworker, and service provider
- monitoring adequacy of services

Section V. Foster Family Care

- formulating standards for selection of foster families
- selecting foster families
- formulating and meeting time-limited objectives in the case plan
- recruiting and maintaining foster parents, including those for minorities and children with particular needs
- securing permanent placements for children

Section VI. Adoption Services

- formulating standards for the selection of adoptive homes
- identifying children for whom adoption is appropriate
- selecting adoptive families
- recruiting adoptive homes, including those for minority and special-needs children
- providing post-adoptive support services

Section VII. Residential Group Care

- meeting licensing requirements
- matching children to appropriate facilities
- providing support to natural families during placement
- establishing sufficient residential group care facilities
- maintaining quality services to children in group care facilities

Section VIII. Case Management/Administration

- maintaining complete, consistent, and manageable case records
- developing an information system for data collection and case monitoring
- reducing staff turnover by utilizing staff effectively, providing staff development and training, maintaining satisfactory working conditions, and improving communications

SELF-ASSESSMENT CONCEPT

The self-assessment process is designed to provide a means by which personnel can methodically evaulate agency functions in order to improve them. Basic to the concept of self-assessment is that it is voluntary in nature and that questions will be addressed frankly.

The self-assessment instruments of the Manual consist of seven checklists. Each checklist includes goals, performance indicator questions, objectives, and criteria questions. An agency's responses to these questions will indicate how actual agency outcomes in each service area compare with those that are generally considered best practice.

An attempt has been made to produce the most rigorous self-assessment instrument possible considering the constraints that: (1) local agency time and data are limited; (2) research findings describing how agency procedures or decisions actually affect children and their parents are frequently incomplete and sometimes contradictory; and (3) recommended procedures may be more or less effective depending on individual agency goals and circumstances. Agencies completing the self-assessment should be aware of the major assumptions underlying the Manual's standards and recommendations:

1. Setting standards for performance indicators. Performance indicators have been quantified (e.g., "Did more than 20 percent of existing foster family homes withdraw from the program within the last year?") where studies have uncovered an "average" performance level, or a performance level below which client benefits are clearly jeopardized. In other cases, indicator standards are those set by national organizations such as the Child Welfare League of America and the American Public Welfare Association. The values are set arbitrarily, but at a level which should direct the assessor to determine if the agency's performance warrants examination.

2. Recommending effective procedures. Where possible, procedures are recommended that have been tested in controlled experiments (e.g., choosing foster parents based upon characteristics which have been shown to correlate with stable placements). In addition, less formal studies, agency experiences, or best practice concepts support particular operations and practices which fulfill agency objectives. Where several alternative procedures could be adopted to fulfill specific objectives, an effort is made to suggest in the resource sections how these procedures might be implemented or how they have worked in other agencies.

3. Recommending efficient procedures. The checklists of the Manual do not explicitly cover the costs of alternative services. An effort has been made, however, to identify cost-saving, efficient practices, as well as to identify those practices which may necessitate additional agency expenditures.

SECURING ADDITIONAL COPIES

All or any portion of this Manual may be reproduced for use in the self-assessment process and in staff development activities. Single copies of Part I - Checklists, and Part II - Resources may be obtained free of charge by writing to:

Publications Unit
The U.S. Children's Bureau
Post Office Box 1182
Washington, D. C. 20013

Multiple copies may be purchased from:

U.S. Government Printing Office
Superintendent of Documents
Washington, D.C. 20402

Please use these exact titles when ordering:

The Local Child Welfare Services Self-Assessment Manual: Part II - Resources
DHEW Publication No. (OHDS) 79-30176

or

The Local Child Welfare Services Self-Assessment Manual: Part I - Checklists
DHEW Publication No. (OHDS) 79-30177

II. EMERGENCY/PROTECTIVE SERVICES

Children's Bureau
Publications Unit
P.O. Box 1182
Washington, D.C. 20013

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I. EXAMPLES OF CENTRAL REPORTING SYSTEMS

Protective services is a specialized social service for children who are neglected, abused or exploited and whose conditions are such that community intervention is necessary. A function of child protective services is the provision of emergency services. Emergency services are defined as 24-hour services for provision of immediate care for children in crisis situations.

It is important for citizens and service providers to be aware of which local agency(ies) is responsible for receiving reports of suspected cases of abuse and/or neglect. Frequently it is the police, courts, medical professionals and social workers who first learn of, or receive reports of, situations calling for protective services. However, the widespread prevalence of abuse and neglect suggests the need for reporting systems which can facilitate the receipt and follow-up of community referrals. In response to this need, frequent use is now being made of central reporting and referral systems.

Some cities have arranged for 24-hour centralized intake and response to all local abuse and neglect reports. Ideally, these central intake units are operated by staff who not only receive all emergency calls, but who also can provide follow-up. Other communities have central hot lines which receive reports from professionals, other agencies, and the public at large. Arrangements are then made for appropriate referrals to local law enforcement agencies, child welfare agencies, and/or treatment agencies (depending on the particular community's designation of investigative and service responsibilities).

The following discussion describes some examples of central reporting systems.

A. FLORIDA'S CENTRAL REPORTING SYSTEM

According to Polansky,[1] the State of Florida has one of the most advanced systems in the country for central reporting of abuse and neglect. Florida's child abuse registry, set up in October, 1971, transferred responsibility from the local juvenile courts to the State's Department of Health and Rehabilitation.

The system makes use of a WATS line manned 24-hours, 7 days a week to receive reports from anywhere in the state. An advertising firm and the media are used to inform the public about the central reporting system and its WATS line. Each call is received and written up at the State's Abuse Registry in Tallahassee, Florida. A report is immediately relayed to a social worker "on call" at all times in the local county social service agency where the abuse/neglect is taking place. The complaint is investigated immediately. A brief summary is then forwarded by the county to the central registry.

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[1] Polansky et al., Profile of Neglect (Washington, D.C.: U.S. Department of Health, Education, and Welfare [SRS], 1975), p. 9.

Florida reports a vast increase in the number of cases of child abuse reported since the inception of central reporting. There were 6,702 abused children reported in the first 18 months of operation compared to 19 such reports received in the year preceding implementation of the new system. Recent statistics from the Bureau of Child Protective Services indicated that 35,000 - 40,000 incidents of abused and neglected children are reported yearly. A little over 50% are determined to be valid.2/ Inquiries should be addressed to:

Department of Health and Rehabilitative Services
The Abuse Registry
1323 Winewood Boulevard
Building 1
Tallahassee, Florida 32301

B. PRO-CHILD: ARLINGTON, VIRGINIA

Pro-Child is the agency in Arlington County, Virginia, mandated by law to investigate and evaluate complaints of child abuse/neglect and to provide the necessary intervention. The program began in 1974 as a child abuse and neglect demonstration project funded by HEW. Prior to passage of the state law in March, 1975, attempts at coordination were primarily in the area of central reporting so that one agency, instead of three, would be responsible for receiving and investigating all reports of abuse and neglect. Agreements were reached with both the police and the court, that all abuse and neglect reports would be forwarded immediately to Pro-Child (the local department of welfare) for investigation.

Pro-Child responds to complaints on a twenty-four hour, seven-day-a-week basis and utilizes a multi-disciplinary team approach. The program has been successful in establishing itself as the agency responsible for receiving abuse and neglect referrals. This is evidenced by the increasing number of referrals to the project. The agency's progress report notes that the team received 220 new case referrals between 7/1/75 and 2/1/76. This reflected an increase of 24% over the same time-period in the previous year.3/

For further information on this program contact:

Arlington County Department of
Human Resources
Pro-Child Unit
P.O. Box 4310
Arlington, Virginia 22204.

C. LOS ANGELES COUNTY

The central screening service in Los Angeles County, California, is connected with their "good neighbor homes" (emergency foster home) program.

2/ Personal communication with Tom McGough, The Abuse Registry, Florida Department of Health and Rehabilitation Services, Tallahassee, Florida, November 1977.

3/ Pro-Child Unit, "Summary of Progress Report" (Arlington, Virginia: Arlington County Department of Human Resources, February 1976). (Mimeographed.)

> "When a law enforcement officer or other source learns of a child who needs help, he contacts the County Department of Public Social Services. During the day, referrals are made to the appropriate district office of the Department. After office hours from 5 p.m. to 8 a.m., and on weekends, referrals are routed through a 24-hour telephone answering service to a child welfare worker assigned to be on call in his or her own home to handle emergency placements. In Los Angeles County, four child welfare workers serve alternately on all-night and weekend duty to provide referral service at all times. The child welfare workers are paid for 3 hours of overtime when they accept all-night duty and for 8 hours of overtime for 24 hours of duty on Saturday and Sunday. In Los Angeles County, the Juvenile Court is not involved in the initial screening and temporary placement process."4/

For further information write:

Los Angeles County Department of
Public Social Services
3035 Tyler Avenue
El Monte, California 91731

D. NEW YORK'S CENTRAL REPORTING SYSTEM

Since September 1973, New York State has required central reporting of abuse and neglect, and also makes use of a state-wide WATS line which receives complaints 24 hours a day.5/ In addition, forms must be submitted at fixed intervals to demonstrate that complaints have been followed up at the local level. For further information write:

New York State Department of
Social Services
Bureau of Child Protective Services
40 North Pearl Street
Albany, New York 12243.

4/ M. Burt and L. Blair, Options for Improving the Care of Neglected and Dependent Children (Washington, D.C.: The Urban Institute, 1971), p. 46.

5/ Polansky et al., Profile of Neglect, p. 9.

II. COORDINATION OF REFERRAL, INVESTIGATIVE AND SERVICE RESPONSIBILITIES

When centralized intake and investigatory channels do not exist for handling reports of child neglect, abuse, or dependency, careful arrangements must be established between agencies. Designating responsibility for identification, investigation, treatment planning, treatment and follow-up is part of any well coordinated system. It is important that agencies develop methods of working with other agencies that are involved with child abuse and neglect cases.

A. SAMPLE COOPERATIVE WORKING AGREEMENT

Agencies may find that developing a written agreement will facilitate the establishment of interagency procedures. This coordination procedure is suggested in Planning and Implementing Child Abuse and Neglect Service Programs, a booklet which documents the experiences of eleven child abuse and neglect demonstration projects funded jointly by the Children's Bureau and the Social and Rehabilitative Services.6/ A sample cooperative working agreement established between a state division of social services and a voluntary agency is presented in Figure 1, on the following page. This type of arrangement could be modified for any needed contract between service providing and investigatory agencies.

B. COORDINATION STRATEGIES USED BY VARIOUS AGENCIES

The experiences of the Family Center and the Family Resource Center described below are examples of the kind of coordination efforts made by two of the demonstration projects. The strategies used by these agencies may be helpful to other agencies interested in developing a more coordinated system of service.

1. The Family Center: Adams County, Colorado

In this arrangement, informal meetings were set up with various agencies in the community, aimed at streamlining the local referral process. Several agreements were made pertaining to coordination between the Center and other institutions or agencies. The Adams County Department of Social Services (ACDSS) and the Center have a written agreement on procedures for transfer of cases. In addition, all of the school districts in the area have written procedures for working with the Center on abuse cases identified by school personnel. Also, a verbal agreement was made with the Mental Health Center concerning referral for treatment of project clients, and a written agreement was signed with the Tri-County Health Department regarding mutual responsibilities for abuse cases that involve the Health Department staff and facilities.7/

6/ Planning and Implementing Child Abuse and Neglect Service Programs (Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976). This can be ordered from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Stock #017-092-000-23-5. Price $3.00.

7/ Ibid., p. 100.

FIGURE I

SAMPLE COOPERATIVE WORKING AGREEMENT--DIVISION OF SOCIAL SERVICES (a state agency) AND THE CHILD CENTER (a voluntary agency)

The Division of Social Services (DSS) is mandated by law to investigate reported cases of child abuse and neglect; to report such cases to the Central Registry; and to offer protective social services to families referred for possible or actual child abuse.

The Child Center provides specialized treatment services to abused or potentially abused children and their families.

1. Suspected or possible abuse cases referred to the Child Center will in turn be referred to DSS.
2. The DSS worker will handle referral as any other abuse referral, i.e., making a home visit, providing a written report to the court and Central Registry within 90 days.
3. Following the home visit by a DSS worker, a meeting will be set up between DSS and the Child Center on those cases that the Child Center is considering for intake.
4. The Child Center worker and the DSS worker will work together in formulating an effective treatment plan.
5. The DSS worker will continue the investigation and attempt to motivate the client to seek services offered by the Child Center.
6. The DSS worker will provide the Child Center with any pertinent information.
7. The Child Center will provide the DSS with a copy of the treatment plan and regular feedback on progress, including a written summary at least every other month.
8. The DSS worker will monitor the family progress through information received from the Child Center while the family is in treatment.

Source: Planning and Implementing Child Abuse and Neglect Service Programs Washington, D.C.: National Center on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health, Education and Welfare, 1976), p. 88.

2. Family Resource Center: St. Louis, Missouri

Coordination activities for this agency centered around establishing working relationships with community agencies that have responsibilities for handling child abuse cases. The long-range goal is to develop an effective community network for providing services in abuse situations. Resulting from the first year's coordination efforts were: the establishment of referral procedures with 11 agencies, procurement of a written agreement with the Division of Family Services (St. Louis City), participation in agency meetings to discuss the Family Resource Center's program design, and establishing a Parents' Anonymous chapter in St. Louis. Contract and coordination efforts are increasing with the county Division of Family Services, because a greater number of its referrals are coming from the county.[8]

3. Metropolitan Government: Nashville-Davidson County, Tennessee

In an effort to establish a coordinated system of emergency service for neglected and dependent children of this county, the mayor's office formed a coordinating committee which included representatives of the county, private and public social service agencies, Richland Village (the Metro Government's child care institution), the juvenile court, the public health department, public schools and the police department. The committee's purpose was to begin to seek solutions and plan for changes within the agencies.

Changes resulting from the committee's work included obtaining 3-year federal funding for a demonstration project, under a contract with the Children's bureau (DHEW), proposed by the local Department of Human Services (DHS). The project's program included assigning intake investigation and service responsibilities directly to trained caseworkers on a 24-hour basis. Other services included provision of caretakers, homemakers, foster families, outreach and follow-up services. The DHS was also assigned responsibility for coordination of all aspects of the Comprehensive Emergency Services system, which is described in Chapter IV of this Resource Section.

As a result of these changes, Richland Village changed its program from general emergency shelter to one designed to include two-week emergency shelter for adolescents, and long-term treatment for pre-delinquents. Cooperation between protective services agencies and police was attempted in a number of ways, including the assignment of police officers to protective services agencies and shifts of social workers providing twenty-four hour assistance within police departments.

C. COORDINATION WITH LAW ENFORCEMENT AGENCIES AND THE COURTS

In any case requiring child protection, the police, the courts, the district attorney, and several attorneys may be involved. A legal investigation provides constitutional, procedural guarantees for parents suspected of abuse, neglect, or exploitation. It can also provide a starting point for district attorneys and juvenile court officers in helping them to determine if sufficient legal grounds exist for court action to warrant protective intervention.

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[8] Ibid., p. 140.

The police often serve many functions beyond investigation and law enforcement. They are often the community's front line social agency for two reasons: (1) they can respond quickly in emergencies; and (2) they have police powers, including the right to enter a home and the power to take and hold the child in protective custody.

Unless a protective agency is delegated such police powers, it must depend on the law enforcement agency to secure the child in emergencies, without the parent's consent. When police authority is exercised on behalf of the child, protective services may be called into action directly. If the child has been taken into protective custody or held in a hospital because of "clear and present" danger to him, protective services must provide for the care of the child until a disposition of the case is made.

Thus, police and courts must play a major role in investigation and follow-up of emergency cases in many communities. The problem is, however, that often they are not trained to screen cases and frequently do not have the requisite experience to determine appropriate provision of services. This should be the function of the child welfare worker or social services agency. Coordination among the law enforcement agencies, courts, and caseworkers is, therefore, essential.

III. COMMUNITY EDUCATION AND REPORTING OF EMERGENCY CASES

A. EDUCATING THE PUBLIC

The National Center on Child Abuse and Neglect (NCCAN), located in Washington, D.C., as part of the U. S. Children's Bureau of the Administration for Children, Youth and Families, conducted a nation-wide study to determine what activities were used to increase public awareness of child abuse and neglect. Over 70 public and private agencies were surveyed to find out what they believed was needed to conduct successful public awareness campaigns.

One result of the study was the formulation of a manual. How to Plan and Carry Out A Successful Public Awareness Program on Child Abuse and Neglect. The manual is designed to assist agencies in creating public understanding of the problem of child abuse and neglect. It offers guidelines for the development of a public awareness campaign, based on the successful experiences of others. Information is provided on planning and budgeting a public relations program, as well as suggestions for carrying out the program. The manual suggests that publicity include the use of mass media, speakers' bureaus, and organizational and institutional bulletin boards.

Valuable information on "Do's" and "Don'ts" in dealing with the news media, suggestions on writing fact sheets and news releases, and the need for interesting and technically acceptable photographs, etc. are also given. The manual includes a resource section, consisting of a catalog of existing public awareness materials and information on where they are available. This publication can be obtained from The National Center on Child Abuse and Neglect. (Please see the following page for the complete mailing address.)

The National Center on Child Abuse
and Neglect
U. S. Children's Bureau
Administration for Children, Youth and
Families
Office of Human Development Services
P.O. Box 1182
Washington, D.C. 20013

It should be requested by name and publication number: (OHD) 76-30089.

B. THE NATIONAL STUDY ON CHILD NEGLECT AND ABUSE REPORTING

A national information resource system on the incidence of child abuse and neglect can provide a basis for devising better public education programs on child abuse. The National Study on Child Neglect and Abuse Reporting serves this function by compiling a national data base system. This study is a project funded by the National Center on Child Abuse and Neglect of the U. S. Children's Bureau, Administration for Children, Youth and Families of the Department of Health, Education, and Welfare. It is a project within the Child Protection Division of the American Humane Association. The objectives of the project are to:

1. Systematically gather data on the nature, incidence and characteristics of child abuse and neglect.

2. Collect information on sources of reporting, action taken by receiving agencies and outcomes with respect to impact on children, and

3. Disseminate periodic reports and analyses with respect to trends and national status of the problem.

Reports describing child abuse and neglect incidents are sent to the National Study on Child Neglect and Abuse Reporting by the states through use of the project's reporting forms. The project supplies data processing and technical assistance, if desired, or states can process their own forms. Quarterly and annual reports are sent to each state which helps the states to plan budgets, allocate positions and evaluate the effectiveness of child protective services. For further information write:

The National Study on Child Neglect
and Abuse Reporting
Post Office Box 1319
Denver, Colorado 80201

C. EDUCATING HOSPITAL PERSONNEL TO DETECT AND REPORT EVIDENCE OF ABUSE

Agencies might wish to distribute some of the following information to hospitals in an effort to increase referrals and ensure early detection of possible abuse cases at the time of emergency room intake. The information could be assembled into a manual for distribution among emergency room personnel. This strategy was used at Hackensack Hospital in New Jersey and proved to be very successful. The following are some guidelines cited from the manual.

"1. Battered Child Routines for Emergency Room Hackensack Hospital

   a. The nurse undresses and examines all children under 6 for evidence. If found, the physician examines the child.

   b. Any findings fitting the table on the following page are routinely reported as follows:

      - Report to family doctor.
      - Report to administrator on call.
      - Report to Social Service Department as soon as possible.
      - Call police from child's town to take photographs (black and white and in color). Vital to do this prior to bandaging, etc.

- o Report to Division of Youth and Family Services or appropriate office. Phone numbers should be included for day, night, holidays and weekends. Also the name and number of any other appropriate authority to be contacted.

- o Fill out necessary forms.

c. On every child under 3 seen with fracture, laceration, bruise, burn, poisoning of any kind--fill out pink card and send to the Division of Youth and Family Services. This is not a report of abuse.

d. Admit any child with suspicious findings.

e. Order X-rays as indicated. Don't forget, in children, the fracture may not show for 2 weeks.

f. If bruising is present, order CBC and differential and partial.

g. If a head injury exists, an opthalmological examination may reveal retinal hemorrhages.

REMEMBER: Studies consistently show that 15% of all children under 3 seen in Emergency Rooms are abused."[9]

2. Clues Helpful to Doctors and Social Workers in Detecting The Maltreated Child

From the experience of the Child Evaluation Center at Hackensack Hospital in New Jersey, certain clues have been particularly helpful to doctors in detecting the maltreated child. The following information, taken from "The Doctor's Handy Guide to Chronic Child Abuse," may assist agencies by sharpening a doctor's or social worker's ability to look for the correct clue.

"o Think Abuse--on every child but particularly those under age 3 (70 percent are under age 3, 32 percent under 6 months). We are speaking of the chronic or old problems, not the acutely injured child.

o Child Observation--Any "out-of-line" behavior, such as:

The child doesn't cry as would be expected during your examination--as when you use the tongue depressor, or for an injection.

The child is apathetic or expressionless (not the same as a dull child).

The child is too quiet in the office. Thus, he may not be attracted to toys that should interest him...

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[9] Battered Child Committee, "Manual for Hospital Emergency Room Personnel Concerning the Battered Child" (Hackensack, New Jersey: Hackensack Hospital, June 1974). (Mimeographed.)

The child is too active...

Don't expect the child to answer leading questions--even if the mother is not there. He is either afraid or may feel nothing abnormal is taking place.

Negativistic behavior: He refuses to do tests or respond.

"Tuning out" behavior: He doesn't understand. Says "what" to everything you ask--almost purposefully. Yet you feel he is not really a slow child...

- Child's Appearance--Pale, thin, dirty... Scars are found in unlikely locations; perhaps around neck, under arm, on chest, bottom of feet, back. Many small scars may be seen anywhere (belt buckles leave an irregular deep one). Burn scars are crater shape (cigarette); loop scars suggest electric wire or coat hanger. The double edge stripe scar may mean a TV wire. Pinpoint scars may come from pins.

- Mother's Appearance--She may be depressed, unkempt, or compulsively neat and clean and demand the same of children...

  You note little or no exchange of real feeling between parent and child. They may associate in a manner which superficially passes as normal, but on close observation, it is devoid of any palpable emotion.

  She may not react to child's behavior--good or bad--in the office.

  She may want to talk only about her own problems and what a tough time she has. She can twist every question about the child to herself and her problems.

  Surprisingly, often she will freely describe her abusive management of the child. Does not blame her husband or anyone else for it. But she describes her abusive behavior without much feeling.

- Key Questions for the Mother--"How were you disciplined as a child?"

  "How do you and your husband punish the children?"...

  "Do you and your husband get along?"

Obviously, nearly all of these things are also found in normal situations, and the diagnosis of abuse has to depend on the whole picture and your judgement of it. However, the experience at the Child Evaluation Center has clearly pointed out that we have not made the diagnoses when we should have..."10/

10/ Child Evaluation Center, "The Doctor's Handy Guide To Chronic Child Abuse" (Hackensack, New Jersey: Hackensack Hospital, no date). (Mimeographed.) This guide can be obtained by writing: Child Evaluation Center, Hackensack Hospital, 251 Atlantic Street, Hackensack, New Jersey 07601.

D. EDUCATING TEACHERS, POLICE, AND OTHER PROFESSIONALS

Alerting the public to signals for detecting abuse is an important step toward gaining public support in the reporting of suspected cases of abuse. The American Humane Association developed a listing of signals which may be detected by teachers, counselors, nurses, and others in contact with many children. The signals, which follow, may also be applicable to neglect.

- "A child who is frequently absent or late. Whether his problem is at home or in school or within himself, known to his parents or not, his habitual lateness or absence strongly suggests a maladjustment.
- A child who arrives at school too early and hangs around after classes without apparent reason. He may not be welcome or cared for at home; he may hate his home, or be afraid of it.
- A child who is unkempt and/or inadequately dressed. If he is dressed inappropriately for the weather, if his clothing is dirty and torn, if he is habitually unwashed, if other children don't like to sit near him because they think he smells bad, he is clearly neglected.
- A child who more than occasionally bears bruises, welts, and other injuries. Will he say how he got them? Does he complain of being beaten at home? Or is he always fighting?
- A child who is hyperactive, aggressive, disruptive, destructive in behavior. He may be acting out his own hostility. He may be reflecting the atmosphere at home. He may be imitating his parents' behavior. He may be crying out for attention and help.
- A child who is withdrawn, shy, passive, uncommunicative. He is communicating. Whether he is too compliant or too inattentive to comply at all, he has sunk into his own internal world, a safer one, he thinks, than the real world. His message is in his passivity and silence.
- A child who needs, but is not getting, medical attention. He may have untreated sores. He may have an obvious need for dental work. He may need glasses to see the blackboard.
- A child who is undernourished. What is the reason... poverty, or uncaring parents?
- A child who is always tired and tends to fall asleep in class. Either he is not well, his parents are neglecting to regulate his routines, or he is simply unable to get to bed and to sleep because of family problems.
- The parent who becomes aggressive or abusive when approached with a view to discussing the child's apparent problems.

- The parent who doesn't bother to show up for appointments, or is apathetic and unresponsive.
- The parent who is slovenly, dirty, and possibly redolent of alcohol.
- The parent who shows little concern for the child or what he is doing or failing to do.
- The parent who does not participate in any school activities or come to any school events.
- The parent who will not permit the child to participate in special school activities or events.
- The parent who is not known to any of the other parents or children.
- The parent whose behavior as described by the child is bizarre and unusual.
- The parent whose behavior is observed by school personnel to be strange, bizarre, irrational, or unusual in any way."11/

Further guidelines for recognizing neglect and abuse can be found in:

Fontana, Vincent, Somewhere A Child Is Crying
New York: MacMillan, 1973; and
Kempe, C. H., and Helfer, R. E. (Eds.)
Helping the Battered Child and His Family,
Philadelphia: Lippincott, 1972.

In addition, the National Center on Child Abuse and Neglect (NCCAN) distributes a training package for social workers, child protection workers, law enforcement workers, and educators. The material, We Can Help: A Curriculum on Child Abuse and Neglect, is available from:

The National Center on Child Abuse
and Neglect
U. S. Children's Bureau
Administration for Children, Youth
and Families
Office of Human Development Services
Post Office Box 1182
Washington, D. C. 20013

11/ V. De Francis, Guidelines for Schools (Denver: American Humane Association, no date) is available from the American Humane Association, P.O. Box 1266, Denver, Colorado 80201.

IV. COMPREHENSIVE EMERGENCY SERVICES (CES)

> "Comprehensive Emergency Services is defined as a child welfare service designed to meet any family crisis or impending crisis which requires social intervention for purposes of planning to protect children whose health, safety, and/or welfare is endangered with primary emphasis on those children who will reach the attention of the Juvenile Court, as neglected, unless there is immediate casework intervention."[12]

Providing a comprehensive system of emergency services to children in crisis is an important function of child protective service agencies. However, systems exist throughout the country that are unresponsive to the needs of children in crisis. Agencies interested in planning a better system for providing services to children in crisis may find the following discussion on building a Comprehensive Emergency Services (CES) system helpful.

A. BASIC COMPONENTS OF CES

CES provides immediate service to a child and his family, and assures continuing services as needed. This well-planned, coordinated child welfare system is designed specifically to:

"1. Identify families and children in crisis.

2. Assess the immediate needs of the child and his family.

3. Provide 24-hour emergency services, by trained social service personnel, directed toward protecting the child in his own home or by making suitable placements when indicated.

4. Provide outreach and follow-up to these families to insure a continuum of service in an orderly way."[13]

The Basic Components essential to any CES system are:

"[1] Twenty-four-hour emergency intake
Twenty-four-hour emergency intake is a service designed to utilize an answering service at night, on weekends and holidays, and to screen calls and refer emergencies to the caseworker on call....

[2] Emergency Caretakers
Emergency caretakers are people carefully selected and trained to go into homes for short periods of time, to provide responsible

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[12] Comprehensive Emergency Services: Community Guide, 2nd ed. (Nashville: National Center for Comprehensive Emergency Services to Children, no date), p. 1.

[13] National Center for Comprehensive Emergency Services to Children, Comprehensive Emergency Services (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1974), p. 11.

adult care and supervision for children in crisis precipitated by desertion or incapacitation of their parents....

[3] Emergency Homemakers
Emergency homemakers are available for twenty-four-hour assignments to maintain children in their own homes until the parent is able to resume their care or until it is decided that another course of action should be taken....

[4] Emergency Foster Family Homes
Emergency foster family homes provide temporary care for children who cannot be maintained in their own home. These homes are designed to minimize the emotional shock caused by removing children from their families by providing them with a home environment as an alternative to institutional placement. When emergency placement is necessary, children are returned home or placed in other appropriate facilities as quickly as possible, preferably in two weeks and in no more than one month....

[5] Emergency Shelter for Families
Emergency family shelter is a facility that provides temporary shelter for the entire family, rather than separating the children from their parents....

[6] Emergency Shelter for Adolescents
This type of emergency care can be provided by a group home or institutional-type program to meet the special needs of older children by providing shelter for a specified period preferably of 2 to 3 weeks duration while alternative planning is made. These youths cannot adjust to a foster family home as they cannot tolerate the closeness of a family or the supervision provided by foster parents....

[7] Outreach and Follow-up
Outreach and follow-up provides immediate casework assistance to children and families in crisis and continued follow-up and supervision beyond the crisis stage to help families cope with their immediate problems and to find longer-term solutions."[14]

It should be noted that for some communities, additional services such as emergency neighborhood crisis centers and emergency day care service may be needed. Emergency neighborhood crisis centers can best be used in communities identified as having a high incidence of reported cases of neglect or abuse and of family disruption. The centers are staffed on a 24-hour basis and assist families in crisis situations in obtaining needed resources. Crisis-oriented day care service may also be provided when families have emergencies and there is a need for child care for a few hours, day or night.

B. PROBLEMS FOUND IN NASHVILLE PRIOR TO CES

The Nashville-Davidson County system of responding to neglect and dependency referrals will be the primary example used in this section to emphasize how a responsive emergency services system was developed after identifying the inadequacy of their previous system.

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[14] Ibid., pp. 19-31.

Prior to the inception of Comprehensive Emergency Services (CES) in Nashville-Davidson County, Tennessee, children in crisis were victims of a system unresponsive to their needs. There were many problems resulting from the absence of such a system. Children in crisis often were channeled through the legal system unnecessarily where no trained social service personnel were available for screening intakes, and no immediate assessment was made of the child and his or her family's needs. This resulted in children being precipitously removed from their homes. Among many other problems, the absence of emergency shelters, emergency foster homes, and other alternatives resulted in children becoming temporarily institutionalized. Burt and Blair described the Nashville-Davidson County System prior to CES as follows:

> 'Petitions can be filed by parents, relatives, neighbors, the neglected children themselves, police, or welfare workers. Petitions are filed at the Intake Office of the Juvenile Court located at the Juvenile Detention Center. An intake officer is on duty 24 hours a day to accept petitions. He makes essentially no attempt to determine if the petition should be filed. After the petition is filed, the intake officer makes a temporary placement of the child pending Juvenile Court disposition of the case. If the child cannot or should not stay with the petitioner, he will generally be placed temporarily at Richland Village [the Metropolitan Government's non-delinquent child care institute] or at a Department of Public Welfare (DPW) emergency foster shelter, if he is less than three years old."15/

Under this system children suffered unnecessarily. There were many cases where the child was ultimately returned to his home. This meant that children were brought into the system on petitions that were eventually withdrawn or informally dismissed prior to court hearings or after court hearings. Thus, a substantial number of children could have been kept out of the system entirely if there had been an effective intake screening process in place. Another problem was that there were children who could have been kept in their own homes and in emergency foster homes, if short-term welfare resources had been available.

In addition, children in crisis after normal working hours were provided services only after unnecessarily going through the legal system. When this happened there were no casework services available to children or their families nor was there screening as to the nature of the crisis. This resulted in children being separated from their families, neglect petitions filed, and institutional placements made unnecessarily.16/

15/ Burt and Blair, Options for Improving the Care of Neglected and Dependent Children, p. 32.

16/ National Center for Comprehensive Emergency Services to Children, Comprehensive Emergency Services, p. 8.

The child then had to remain in an institution until a referral was made to the child welfare agency responsible for a social investigation of the child's home environment. The judicial process included necessary, but time-consuming recommendations, reports, and numerous procedures for both the court and the social agency. This process failed to take into account the possible adverse effects on the child. No immediate service was offered to the family that would be considered remedial.

The inception of the CES system into Nashville-Davidson County has led to an improvement in services to children and families in crisis. The impact of the CES system is reflected in the following statistics on services rendered.

> "[Referrals involving children] increased by 92% with 68% of the total referred being made at night or on weekends. These were those cases which required immediate intervention both after and during normal working hours.... The overall increase in referrals of suspected child abuse was 274%, increasing from 50 referrals in 1969-70 to 182 in 1973-74. The year prior to CES 482 children (38% of the total referred) were placed at Richland Village as compared to 67 children in 1973 (3% of the total referred). No children under six were placed at Richland Village under the new system. This was an overall reduction of 86%. From 1970 to 1973 CES brought about a reduction in neglect/dependent petitions of 48% (602 to 266)."[17]

These statistics demonstrated that an improved system of care for neglected and dependent children had been implemented.

C. CES INTAKE AND INVESTIGATION OPTIONS

A CES Community Guide was prepared by the staff of the National Center for Comprehensive Emergency Services to Children as a tool for guiding communities throughout the U.S. in the development of CES systems. The Guide is based primarily on the experience gained in developing the CES system in Nashville. While complete replication of the Nashville experience is not the intent of the guidance material, it is hoped that the Nashville experience will be helpful for others wanting to develop a CES.

According to the guide, "most communities already have one or more of the basic components which can be the beginning of a CES system. In some instances the major emphasis needs to be on coordination of programs now in existence. In any event, emergency services can be built into existing programs."[18]

It is suggested that the intake component of CES be an expansion of protective service intake (usually an eight hour, five-day-a-week service). The guide states that:

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[17] Comprehensive Emergency Services: Community Guide, p. 20.
[18] Ibid., p. 8.

> "A protective service unit will already be crisis-oriented even though it does not cover nights, weekends, and holidays. By rotating five workers for on-call duty, twenty-four-hour emergency intake service can be implemented. The additional cost to the agency will be minimal in return for the service rendered. The cost for the answering service in Nashville averages $25 a month or $300 a year. The cost of overtime pay for the five workers equaled the additional salary of one worker."[19]

The following three models are offered by the CES guide as alternative emergency intake procedures, any one of which may be adopted for use in the community. Each model is geared to provide the same quality of service.

1. Model I--Rotating Intake Workers

> "The first model relates to the operation of emergency intake in a large metropolitan area which requires a different level of staff scheduling from that of a remote rural area. A commercial answering service with a specified number of intake workers rotating on call twenty-four hours per day should be adequate for most communities. The answering service worker receives calls after regular working hours. There is some preliminary screening of situations required to determine if emergencies exist. Appropriate referrals are transmitted to the intake worker on call. The intake worker, through telephone calls and field visits, gathers additional information which may aid in determining the nature of the problem, its severity, and if children may be in danger.
>
> "In this model the emergency intake worker is on intake duty during normal working hours at his desk one day per week where he receives calls directly. He then is "on call" one night per week where he receives calls through the answering service at home or by beeper. If he determines that the call needs field assessment, the worker goes out to talk with the child, the source of the referral, and others who can give pertinent information and assistance. Non-emergency situations are either referred to outreach and follow-through or to other appropriate agencies as indicated.
>
> This kind of twenty-four hour coverage is effective and fairly inexpensive. It can operate in large metropolitan areas with calls going into a central switchboard with emergencies referred to a neighborhood-based emergency intake worker. This allows for decentralized or neighborhood-based service delivery.
>
> In smaller cities the referrals can be handled by one intake worker and one caretaker designated on call for specified nights and weekends. In communities with twenty-four hour

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[19] Ibid., p. 58.

"hot lines" for suicide prevention, reporting child abuse, etc., it is possible to work out plans for these services to provide, in addition, adequate services for receiving and screening calls for CES. Always, training and supervision are necessary.

2. Model II--Rural Areas

The spatial distance to be covered in some areas of the country and the sparse population require a different procedure for emergency intake coverage.

Most calls regarding any kind of emergency including family/child crisis situations are referred to the local law enforcement agency. A cooperative arrangement is made between law enforcement and CES which will entail referring a child crisis directly to a designated staff person on call who can be reached by a beeper or phone. The beepers give staff greater freedom as they have a thirty-mile range. This is important in areas where a limited number of staff provide coverage.

A note of caution regarding the use of law enforcement for screening--there must be the necessary training of law enforcement to perform in this capacity. It must be realized that there will continue to be a reluctance on the part of some to refer to a law enforcement agency. This is especially true of self referrals of child abuse situations who know they will continue to run the risk of punitive action upon detection.

"With this in mind, another consideration for a rural area is the switchboard of a local hospital for referrals. Even where the hospital is some distance away, a toll-free number which is highly publicized can become the resource used by the community for reporting. To get the target population to make use of the emergency number will take time, especially in a rural area. A public awareness campaign will require some innovation on the part of everyone to come up with what will be most effective.

There will likely be only a few referrals each week in a sparsely populated area. Therefore, two or three staff persons may be designated to cover intake after hours along with supportive staff operating on a similar on-call schedule.

The differential use of staff for some components will certainly be advantageous for some communities and each community should certainly look at its informal resources. The importance is that there must be a system and that it have the capability. For instance, if a church wants to volunteer to provide the caretaker component, such should certainly be encouraged as long as the plan calls for sufficient training of the volunteers and a formalized operating procedure.

3. Model III--Screening by Social Workers

The third model consists of workers stationed in a central location or in a neighborhood center to receive calls, screen them, and respond appropriately. Trained social workers being physically present to receive calls insures accurate and immediate evaluation of each call. Such an operation is more costly, and therefore it is prohibitive for many agencies. As calls are received by these workers and determined to be emergencies, a field assessment is made. In communities where this is now being done, at least two persons are physically present in the office at all times. A combination of this and Model I consists of a centrally located trained social worker who screens calls and refers appropriate emergencies to intake workers on call, and could best be utilized in very large metropolitan areas."20/

D. TRAINING EMERGENCY INTAKE WORKERS

Intake workers who receive telephone call referrals must be trained to assess situations quickly and to make decisions concerning which calls need immediate contact and which can be safely referred to sources of help the next morning. The use of intake screening guides may assist workers in making these decisions. The Comprehensive Emergency Services: Training Guide, developed by the National Center for Comprehensive Emergency Services to Children, cites some types of problems that are likely to come to the attention of emergency intake service and which can be identified as requiring immediate attention:

"1. Children alone, lacking proper supervision
2. Mother ill, needs to go to hospital; needs someone to care for children
3. Child suspected of being abused
4. Parents being taken to jail; children alone
5. Child seriously ill, needs help getting emergency treatment; no responsible person available
6. Child left in department store or public place alone
7. Child wandering streets alone."21/

The CES: Training Guide also proposes a two-hour training session with the objectives of improving the emergency intake worker's skill in obtaining pertinent information from the complainant and improving the worker's ability to interpret his role to complainants, parents, and the community. These are a few of the detailed listings of questions which should be directed to the complainant by the telephone intake worker:

20/ Ibid., pp. 99-102.

21/ Comprehensive Emergency Services: Training Guide, 2nd ed. (Nashville: National Center for Comprehensive Emergency Services to Children, no date), pp.70,71.

"o How often are the children left alone?
- How did she learn of the lack of supervision?
- Over what periods of time are they alone?
- What is the quality of care provided children when parents are there?
- Does the child act responsibly when the parents are absent?
- Has the child shared other information regarding her concern for having this responsibility for the younger siblings?
- Have the parents asked the complainant for assistance with supervision of the children during their absence?
- Does the child know the complaint has been made?
- Are there other indications of the inability of the children to manage alone?"[22]

The reader is referred to the CES: Training Guide for a discussion of training, experience, and personal characteristics seen as desirable for emergency intake workers. In-service training modules are also described in the guide, which includes: (1) a "Basic Orientation to CES" to convey the importance and relationship of emergency intake to the CES system, (2) a special training module for answering service personnel, (3) a "Crisis Intervention" module to help staff respond more effectively to the immediate needs of child and family in crisis, and (4) three additional modules, "The Complaint and the Complainant", "The Initial Contact with the Family", and "Emergency Action", all designed for emergency intake training. Other modules are suggested for transferring and terminating a CES worker's relationship with a family and ensuring continuity of services.

Single copies of the Comprehensive Emergency Services: Training Guide can be obtained free of charge by writing to:

U. S. Children's Bureau
Administration for Children, Youth
and Families
Office of Human Development Services,
Post Office Box 1182
Washington, D. C. 20013

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[22] Ibid., p. 37.

V. EMERGENCY SERVICE ALTERNATIVES

There are a number of alternatives to removing children in crisis from their homes. Emergency caretakers, emergency homemakers, and emergency foster homes are examples of emergency service options that aid in keeping the family intact. Also, the availability of someone to talk to in stressful situations is a self-help mechanism that can be utilized by abusive or potentially abusive parents. Parents Anonymous is one example of a group that provides assistance and support to child abusing parents. In addition, hot lines and crisis nurseries could be provided to help these parents. The above-mentioned emergency service alternatives are described below:

A. EMERGENCY CARETAKERS

The primary function of the emergency caretaker is to provide care and supervision of a child in his or her own home at a time when supervision is lacking because parents are either temporarily absent or incapacitated.

> The Caretaker can be provided through contracts with individuals for a weekly retainer fee plus minimum wage for the hours worked. The cost will vary from year to year depending on the use of the caretaker service. (In one year of the Nashville project, caretakers were used to provide services to fifty children at a cost of $3,465.25, or approximately $70 per child.)[23]

B. EMERGENCY HOMEMAKERS

> Homemaker services on a twenty-four-hour basis will be a new experience for most communities. Many agencies have maintained an 8 a.m. to 4:30 p.m. homemaker service for years but have not attempted round-the-clock care. Present homemaker services may be expanded to twenty-four-hour service or a new unit of homemakers may be added to serve as emergency homemakers. The regular homemaker unit could then provide backup services primarily for teaching purposes.[24]
>
> Emergency homemakers can be used successfully when there is:
>
> (1) "A parent absent from the home due to emergency situations, such as physical or mental illness, desertion or some other emergency which causes the parent, usually the mother, to be away for a period of time.
>
> (2) Suspected child abuse and the parent is obviously immature and insecure in the parenting role. In these cases the homemaker often serves as the substitute parent to both

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[23] Comprehensive Emergency Services: Community Guide, p. 60.
[24] Ibid., p. 61.

mother and child. With the support of the homemaker and the teaching that occurs, the mother may become able to function in her parenting role. If not, then orderly placement of the child can be made. These cases usually require supervision for a period of time after the homemaker is removed from the situation.

(3) Failure to thrive and the parents need assistance and encouragement in the feeding and nurturing of a child. Emergency homemakers can supplement the work of the public health nurse which is usually more instructional in nature. In their assignment to such situations, emergency homemakers have uncovered in some parents a very serious lack of knowledge of infant care.

(4) Gross neglect, posing an immediate threat to the children's safety as a result of inadequate nutrition and medical care. Immediate placement in an institution has been avoided by the emergency homemaker's efforts to relieve the urgency of the situation. Later assignment of a regular homemaker for teaching purposes can occur."25/

C. EMERGENCY FOSTER HOMES

> "Emergency foster family homes provide temporary care for children who cannot be maintained in their own home. These homes are designed to minimize the emotional shock caused by removing children from their families by providing them with a home environment as an alternative to institutional placement. When emergency placement is necessary, children are returned home or placed in other appropriate facilities as quickly as possible, preferably in two weeks and in no more than one month."26/

> "These homes, available any hour of the day or night, including weekends, are a tremendous asset to any community. When a child must be removed from his home to protect him, a family setting reduces the trauma of that removal. To the extent possible, such homes should be located in the child's neighborhood and should be as close to surroundings familiar to him as possible."27/

D. PARENTS ANONYMOUS

Parents Anonymous is a program directed specifically at prevention of child abuse and is based on self-help concepts for child-abusing parents.

25/ National Center for Comprehensive Emergency Services to Children, Comprehensive Emergency Services, p. 25.

26/ Ibid., p. 26.

27/ Comprehensive Emergency Services: Community Guide, p. 63.

It is a voluntary organization of parents who have abused their children or fear their drives to do so. Meetings are held weekly and are essentially supportive group sessions. Membership requirements are simple. The parent must make an open admission of the tendency to or the fact of child abuse. He or she must also express a desire to change the situation.

The local group provides assistance to members between meetings. Members have each other's telephone numbers and, in effect, establish their own private hot lines. In a crisis, an abusive parent can call to let off steam, to get someone to come to the home, or to get the child out of what is becoming a dangerous situation. Although the group's major function is mutual support and correction, groups do in fact report their own members occasionally if the situation of the child is dangerous.28/

Because of the success of such programs, some protective agencies have been instrumental in establishing them locally. Group programs for neglectful families have been modeled after Parents Anonymous. These often include a more focused and didactic presentation of factual material concerning housekeeping, health care, child development, budgeting, and shopping. There have been instances when courts have ordered participation of families in such group programs, with failure to attend being adjudged contempt of court.

The national office of Parents Anonymous, Inc. located in Redondo Beach, California, is concerned with increasing the number of self-help organizations for child-abusing parents across the country. The project provides technical assistance and training, and distributes written information through the regional offices.29/

For further information contact:

Parents Anonymous, Inc.
2810 Artesia Boulevard
Redondo Beach, California 90278
(213) 371-3501

E. HOT LINES AND CRISIS NURSERIES

There are two special services for child abusers who have been identified and are in the system. Hot lines and crisis nurseries are intended to help the abusive parent cope with periodic crises by providing a safety valve for the parent in times of stress.

As noted earlier, Parents Anonymous provides its own internal hot lines, but there are many other ways of providing hot line service. Some treatment agencies and centers establish twenty-four hour answering services manned by professionals or trained volunteers; Florida's statewide reporting lines can also be used by abusive parents in need of counsel during a crisis. In order

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28/ D. Christy, Innovative Approaches in Child Protective Services (Denver: American Humane Association, no date).

29/ Research, Demonstration, and Evaluation Studies: Fiscal Year 1976 (Washington, D.C.: Children's Bureau, U. S. Department of Health, Education, and Welfare, 1976), p. 30. Publication No. (OHD) 76-30030.

for a hot line to be effective, its potential clients must be informed of its availability: there must be sufficient staff and telephone lines to take the calls; and the staff must be trained to deal with the abusive parents and to provide protective services if the situation seems dangerous.

Crisis nurseries also provide safety valves for parents who are afraid that they are about to abuse their children. The nurseries are places where parents can drop in and leave their children for a few hours while the parent is under great stress. Immediate substitute care is provided on a short-term basis. The National Center for Prevention and Treatment of Child Abuse in Denver provides emergency care for both children and parents in its crisis nursery. Training in parenting skills is available to the parents in conjunction with temporary substitute care for the child.

For further information write:

National Center for Prevention
and Treatment of Child Abuse
1205 Oneida Street
Denver, Colorado 80220.

F. OUTREACH AND FOLLOW-UP

Immediate contact with a family following the report of a crisis or emergency situation is essential. Also, once the present situation has stabilized, ongoing casework assistance or follow-up should be provided as needed. In addition, many of the service needs of families receiving protective supervision may be satisfied through the use of a combination of child welfare services. (See the In-Home Services Resource Section for a discussion of in-home services that can be provided.)

EMERGENCY/PROTECTIVE SERVICES

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III. INTAKE/SERVICES CHOICE

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III. INTAKE/SERVICE CHOICE RESOURCE SECTION

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I. COLLECTING AND ASSESSING INTAKE INFORMATION

Intake is the first stage of the service sequence during which a potential client achieves client status. The client is encouraged to express his/her problem or need as the client sees it. The worker determines the client's eligibility for service and makes an assessment of the client's problem(s). The adequacy of resources available to resolve the client's difficulty are also considered during this process. If the agency is not the appropriate resource to help the client, a referral should be made to the appropriate service deliverer. "The intake stage ends...[when] either the worker or the client decides not to proceed..., or the client commits himself to client status and the worker commits himself and [the]...agency to provide service."1/

During intake the worker attempts to collect as much available data as possible regarding the client's presenting problem(s). These data include a description of the problem(s), its frequency of occurrence and supporting circumstances, and the client's strengths and weaknesses. This information will be helpful in making an accurate assessment of the client's problem. If the client's immediate needs present an emergency situation, agency intervention may be required to ameliorate the situation before a comprehensive psycho-social assessment can be completed.

Following resolution of any emergency situation, the worker engages in a more detailed and comprehensive collection of assessment data. During this process the worker, along with the client and significant others (e.g., neighbors, siblings, school, hospital), identifies and defines the problem. The worker and the client discuss the results which are desired from agency service, and arrive at an agreement or service contract describing the kinds of changes required to alleviate the client's problem(s). This process provides a basis for setting short-term and long-term goals to direct the client's case plan.

A. THE INTAKE INTERVIEW

The intake interview is the major data collection tool in the problem-solving process. The client is the primary source of data which is used in making decisions about strategies for intervention. However, other sources such as neighbors, schools, or relatives may also provide information. It is important to establish the reliability and validity of the data secured from the various sources, as well as to ensure that the interview process is non-threatening and conducive to open communication.

Basic interviewing skills are important in conducting the intake interview. The following sources may be helpful to caseworkers interested in further developing their skills in conducting interviews:

Alfred Benjamin, The Helping Interview (Boston: Houghton Mifflin Company, 1969).

1/ R. Vinter, "An Approach to Group Work Practice," in Individual Change Through Small Groups, eds. P. Glasser et al. (New York: The Free Press, 1974), p. 10.

Arthur Berliner, "Fundamentals of Intake Interviewing," Child Welfare 56:10 (December 1977), pp. 665-673.

Alfred Kadushin, The Social Work Interview (New York: Columbia University Press, 1972).

Margaret Schubert, Interviewing in Social Work Practice: An Introduction (New York: Council on Social Work Education, 1971).

Annette Garrett, Interviewing: Its Principles and Methods, 2nd ed., revised by Elinor P. Saki and Margaret M. Mangold (New York: Family Service Association of America, 1972).

B. USE OF INTAKE GUIDES

1. Child Welfare League of America Intake Interview Guide

In addition to mastering the fundamental skills needed to conduct an intake interview, social workers in an agency should be consistent in the amount and kind of information they collect. The Child Welfare League of America (CWLA) has developed an intake interview guide designed to provide structure for the consistent collection of assessment data. The interview guide can also assist an intake worker in making decisions about whether the needs of a child can best be met in his/her own home or through placement. The CWLA Intake Interview Guide can be found in the appendix of A Model for Intake Decisions in Child Welfare by Michael H. Phillips et al., 1972. This material is available for $3.95 from:

Child Welfare League of America
67 Irving Place
New York, New York 10003

2. Other Assessment Scales and Questionnaires

There are a number of scales and written questionnaires which are designed to aid the caseworker in assessing crisis situations. For example, the Utah Department of Family Services has designed a questionnaire for determining the validity of a referral or a request for service.2/ The questionnaire includes questions on the condition of the child, the physical and emotional capability of the parents, the current family condition, and the physical environment of the home.

A "Checklist for Physical Abuse High Risk Factors" was developed in 1976 by Carroll and Schmitt of the Child Protection Team at the University of Colorado Medical Center. The scale is intended to isolate parents who are "high risk" for inflicting physical abuse on their children. The checklist consists of 10 questions which should be completed only after a care-

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2/ Utah Department of Family Services Task Force Committee, "Report: Task Force on Alternative Methods of Treatment for Families at Risk." Salt Lake City: Utah Department of Family Services, 1975. (Mimeographed.)

ful psycho-social history has been undertaken. The questions are used by the reviewer to rank the mother and father (normal, mild, severe) on the presence of the "high risk" factors. A separate chart is provided to help the reviewer determine what normal, mild, and severe mean in different circumstances. Only one parent needs to be classified "high-risk" to place a family at high-risk. "The Checklist for Physical Abuse High-Risk Factors" may be obtained by writing:

The Child Protection Team
University of Colorado Medical Center
4200 East 9th Avenue
Denver, Colorado 80220

A method which can be used in assessing the level of care received by a child is the Childhood Level of Living Scale (CLL).3/ This instrument was developed by the Child Research Field Staff at the University of Georgia out of a concern for children receiving care thought to be marginal or neglectful. The scale, which was designed for poverty or near poverty families with children aged 4 or 5, measures many facets of child-caring. This includes measures of physical care as well as measures of cognitive emotional factors. The most recently revised version of the scale is available by writing:

Dr. Norman A. Polansky
School of Social Work
University of Georgia
Athens, Georgia 30602

C. USE OF THE PROBLEM-SOLVING MODEL

Perlman 4/ and Compton and Galaway 5/ have conceptualized a problem-solving framework around which some of the content of an intake study can be organized. This concept, based on John Dewey's work on problem-solving is referred to as a problem-solving model.6/ The model is based on goal-directed thinking and the progressive movement toward change. These principles are influenced by the type of client system, client need, level of difficulty, and goals and expectations of the client system.

Perlman's conceptualization of the process begins with the worker's recognition and clear identification of the problem from the client's perspective. As part of the process the worker continuously thinks about and assesses the facts related to the problem situation. A third aspect of the problem-solving process is the preparation of the client for his or her part in the problem-solving plan of action.

3/ For further discussion of the Childhood Level of Living Scale, see N. Polansky et al., Profile of Neglect (Washington, D.C: U.S. Department of Health, Education, and Welfare [SRS], 1976), pp. 6,7.

4/ H. Perlman, Social Casework: A Problem-Solving Process (Chicago: University of Chicago Press, 1957).

5/ B. Compton and B. Galaway, Social Work Processes (Homewood, Illinois: The Dorsey Press, 1975).

6/ For a discussion of Dewey's work see, J. Dewey, How We Think, rev. ed. (New York: D.C. Heath, 1933).

Although similar, the Perlman and the Compton/Galaway models differ in the sequence in which the various processes take place. Perlman contends that the stages of the problem-solving process do not always occur in a logical sequence. Compton and Galaway's model is based on sequential steps which are determined by successful completion of the preceding phases. Although each stage is characterized by the successful accomplishment of a determined goal, these authors are in agreement with Perlman that the phases may overlap because a worker may be operating simultaneously in more than one phase.

Compton and Galaway describe the problem-solving process as one in which the client and worker decide:

> "(1) what the problem or question is that they wish to work on; (2) what the desired outcome of this work is; (3) how to conceptualize what it is that results in the persistence of the problem in spite of the fact that the client wants something charged or altered; (4) what procedures should be undertaken to change the situation; (5) what specific actions are to be undertaken to implement the procedures; and (6) how the actions have worked out."7/

Compton and Galaway present both a short and long outline of the problem-solving model in their book, Social Work Processes. The reader is referred to this text for a presentation of the long and more detailed outline of the model. The short outline, which gives the essentials of the model, is presented on the following pages.

7/ Compton and Galaway, Social Work Processes, p. 236.

OUTLINE OF PROBLEM SOLVING MODEL-SHORT FORM

Contact Phase

I. Problem identification and definition
    A. The problem as the client system sees it
    B. The problem as defined by significant systems with which the client system is in interaction (family, school, community, others)
    C. The problem as the worker sees it
    D. The problem-for-work (place of beginning together)

II. Goal Identification
    A. How does the client see (or want) the problem to be worked out?
        1. Short-term goals
        2. Long-term goals
    B. What does the client system think is needed for a solution of the problem?
    C. What does the client system seek and/or expect from the agency as a means to a solution?
    D. What are the worker's goals as to problem outcome?
    E. What does the worker believe the service system can or should offer the client to reach these goals?

III. Preliminary contract
    A. Clarification of the realities and boundaries of service
    B. Disclosure of the nature of further work together
    C. Emergence of commitment or contract to proceed further in exploration and assessment in a manner that confirms the rights, expectations, and autonomy of the client system and grants the practitioner the right to intervene

IV. Exploration and investigation
    A. Motivation
        1. Discomfort
        2. Hope
    B. Opportunity
    C. Capacity of the client system

Contract Phase

V. Assessment and Evaluation
    A. If and how identified problems are related to needs of client system
    B. Analysis of the situation to identify the major factors operating in it
    C. Consideration of significant factors that contribute to the continuity of the need, lack, or difficulty

- D. Identification of the factors that appear most critical, definition of their interrelationships, and selection of those that can be worked with
- E. Identification of available resources, strengths, and motivations
- F. Selection and use of appropriate generalizations, principles, and concepts from the social work profession's body of knowledge
- G. Facts organized by ideas - ideas springing from knowledge and experience and subject to the governing aim of resolving the problem - professional judgment

VI. Formulation of a plan of action - a mutual guide to intervention

- A. Consideration and setting of a feasible goal
- B. Determination of appropriate modality of service
- C. Focus of change efforts
- D. Role of the worker
- E. Consideration of forces in the client system or forces that may impede the plan
- F. Consideration of the worker's knowledge and skill and of the time needed to implement the plan

VII. Prognosis - what confidence does the worker have in the success of the plan?

Action Phase

VIII. Carrying out of the plan - specific as to point of intervention and assignment of tasks; resources and services to be utilized; methods by which they are to be used; who is to do what and when

IX. Termination

- A. Evaluation with client system of task accomplishment and meaning of process
- B. Coping with ending and disengagement
- C. Maintenance of gains

X. Evaluation

- A. Continuous process
- B. Was purpose accomplished?
- C. Were methods used appropriate?

Source: B. Compton and B. Galaway, Social Work Processes (Homewood, Illinois: The Dorsey Press, 1975), pp. 240-242.

II. IN-HOME VERSUS PLACEMENT DECISION

After the client's basic problem(s) has been identified and sufficient assessment data have been collected, the worker must make a decision about the appropriate strategy for intervention. Intake procedures should facilitate early decisions appropriate to the needs of the child. The "CWLA Intake Interview Guide," mentioned earlier, provides the worker with a framework for identifying factors which influence whether in-home services or placement away from home best meets the needs of the child. Available literature reflects a general agreement among child welfare specialists concerning the desirability of providing services to the child in his/her own home with placement made only as a last resort. In this regard, agencies should make every effort to avoid exposing the child to the anxieties and adverse changes which often accompany separation from the home.

A. WRITTEN CRITERIA

Specific written criteria are recommended for use by agencies in making a decision whether a child's needs can best be met while remaining in the home or by placement away from the home. The criteria, presented below for the reader's review, may be helpful for an intake unit to use in developing criteria.

1. Sister Mary Paul's Criteria

A set of criteria was developed by Sister Mary Paul for use in a study conducted by the Center for New York City Affairs. The focus of the study was on the foster care needs of children in New York City and alternatives to their placement.

"Remain in home if:

a. There is sufficient parental desire, concern, and ability to maintain the child in the home;

b. The child is older, able to express choice, and is willing to live at home and work out areas of difficulty; and

c. An adequate range of services is available or potentially available in the community to sustain the child and family by inducing some dynamic change and developmental gain. The determination of the adequacy of the services necessary to avoid placement should be taken into account as appropriate:

- o The substantive quality and relevance of the particular program in its own content, range and determination;
- o Its linkage with other supports which are integral parts of the service plan;

- Its relationship to a case management person who has credibility with the client and access to those policy-making organizations which have the potential for increasing community acceptance of people with life management difficulties.

Place if:

a. There is risk of physical abuse, exploitation or endangerment to the child;

b. There is exacerbated pressure for separation on the part of either the child or parent (this is the obverse of "a" and "b" above);

c. Demand for social control is pressed by a social agency or public agency (due perhaps to some serious acting-out behavior);

d. Parent is unwilling or unable to participate in the in-home service plan;

e. Resource and options for in-home services in the community do not satisfy the needs of the child or family adequately."8/

2. Utah DFS Task Force Criteria

The Utah Department of Family Services (DFS) Task Force on Alternative Methods of Treatment for Families At Risk, addressed the problems relating to lack of integrated treatment services to families and children and agency overemphasis on placement. The Task Force designed a set of criteria, in the form of questions, which should be considered prior to making a decision to place a child.

"CAN THE FAMILY BE SERVED WITH THE CHILD IN THE HOME?"

Criteria

1. "Will emergency services protect the child from further harm?

a. Has an assessment of available emergency resources been made?

b. What is the availability of these emergency resources?

c. Is the family receiving services from another agency?

8/ M. Paul, Criteria for Foster Placement and Alternatives to Foster Care. (Albany: New York State Board of Social Welfare, 1975), p. 50. Copies of this material can be obtained by writing the Associate Commissioner, New York State Department of Social Services, 1450 Western Avenue, Albany, New York 12243.

2. Will parents accept ongoing services designed to keep the child in the home?

    a. Do the parents recognize that a problem exists and are they willing to contract for services?

    b. Do the parents understand the nature of the services available?

    c. Do the parents understand their parental responsibilities?

    d. Are resources available to provide ongoing services such as neighbors, relatives or agency-provided services?

    e. Have the parents' physical and emotional strengths and weaknesses been evaluated? Are they capable of fulfilling their responsibilities under the contract?

3. Condition of the Child:

    a. Can the physical and health needs of the child be met in the home?

    b. Is the emotional condition of the child sufficiently stable to remain in the home?

    c. If the child is capable of making a decision, is he willing to accept services in his own home?

4. Is it possible to remove the child if this is the appropriate action?

    a. Is there sufficient evidence to support allegations and to file a petition?

    b. Will the county attorney support the filing of the petition?

    c. Will parents agree to a voluntary placement or waive their rights in a court hearing?"9/

B. FACTORS INFLUENCING THE PLACEMENT DECISION

Two recent studies, one by the Child Welfare League of America (CWLA) 10/ and one by Boehm,11/ investigated the factors which contributed to workers making a determination to place a child. A discussion of the studies is presented below.

9/ Utah Department of Family Services Task Force Committee, "Report: Task Force on Alternative Methods," p. 14.

10/ M. Phillips et al., Factors Associated with Placement Decisions in Child Welfare (New York: Child Welfare League of America, 1971).

11/ B. Boehm, "An Assessment of Family Adequacy in Protective Cases," Child Welfare 41:1 (January 1962), pp. 10-16.

1. CWLA Study

Data were collected and analyzed on decisions (own home service, placement, other service, no further service) made by child welfare workers in four agencies over a 2 to 4 month period. In addition, the study was replicated by obtaining the opinions of three independent judges about the appropriate decision in selected cases. The judges made separate determinations as to whether each child should be placed, without being aware of the previous disposition of the cases.

The following factors were found to contribute to caseworkers' and judges' decisions to remove the child from the home (It should be noted that no single item was strongly predictive of the decision to place a child. It was usually difficulties in more than one area that determined a placement decision.):

a. "Mothers. Mothers of children who are placed were more likely to:

- have a history of hospitalization for mental illness
- have a diagnosis of mental illness
- appear suspicious or distrustful
- appear withdrawn or depressed
- be emotionally disturbed
- act impulsively
- manage money poorly
- have difficulty holding a job
- lack concern and affection for their children
- be erratic
- be unduly lax or overly severe.

b. Fathers. Many of the characteristics associated with the mother were also true of those fathers, in the homes for whom placement was likely to be the plan for the child. Excessive drinking and deviant social attitudes on the part of the father, but not of the mother, were more common in placement cases, whereas the father's impulsive behavior and difficulty with the law were not related to the decision for the child.

c. Parental Care. Children in placement decision cases were more likely to receive grossly inadequate care in the areas of feeding, supervision and guidance, warmth and affection, protection from abuse, and concern regarding schooling.

d. Characteristics of Placement Children. The children came from smaller families but from families that were less advantaged in socioeconomic circumstances and that had exhausted their resources for help with their problems. These children were a little younger than the children served in-home and more of them were already in temporary placement and had siblings in placement. They were more likely to be emotionally disturbed and to exhibit behaviors that could be difficult for parents, teachers and other associates, such as truanting, running away and resisting parental control."[12]

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[12] Phillips et al., Factors Associated with Placement, p. 33.

In addition, it was found that the judges focused upon different factors in justifying a placement decision against an own home decision. The three judges were in complete agreement with each other on just under half of the placement decisions. The items that most often influenced judges toward a placement decision had to do with: the general adequacy of parental care; the mother's attitude toward the problem; indications of emotional disturbance on the part of the mother; and acting-out behavior on the part of the child.

2. Boehm Study

In the study by Boehm, 200 cases were analyzed in an attempt to determine criteria used by protective service workers to decide whether children should remain with their families or be placed. Placement cases were compared with non-placement cases on 12 factors. Results of the study indicated that placement cases had significantly lower scores on such factors as household management and degree of family insight. The extent of the father's interest in keeping the family together was also found to be a factor in the placement decision. Families scoring low in this area were more likely to have children placed. Children in the placement group came from families with significantly lower scores on all aspects of maternal behavior.13/

C. COST-EFFECTIVENESS OF IN-HOME VERSUS PLACEMENT

Recent research studies have pointed out the overall cost-effectiveness of serving children in-home. It was also found that many times children are inappropriately placed. The studies conducted by the New York State Board of Social Welfare, the Massachusetts Treatment Alternatives Project and the New York State Preventive Services Demonstration Project, are presented below:

1. New York Board of Social Welfare Study

In this comprehensive study of foster care needs and alternatives to placement, the researchers sought to determine whether children currently in placement actually should be placed, and what the cost implications would be.14/

The methodology used in estimating foster care needs was as follows: (1) Criteria for foster placement and alternatives to foster care were developed by Paul. (2) A random sample of 1,250 case records of children in or awaiting placement was drawn and the case records were read by experienced social workers in the child care field. The case readers then made a judgment of the appropriateness of the placements, based on the criteria. If placements were found to be inappropriate, the social workers recommended a more appropriate type of placement or alternative service, taking into account the child's characteristics and the family situation.

13/ Boehm, "An Assessment of Family Adequacy in Protective Cases."

14/ B. Bernstein et al. Foster Care Needs and Alternatives to Placement (Albany: New York State Board of Social Welfare, 1975).

(3) Estimates were obtained of the number of children in psychiatric units of major city hospitals who needed foster placement or alternative services. (4) Each probation worker in the Department of Probation was asked to give the number of children in his or her caseload needing foster placement or alternative services.

The findings of the study were:

- Cost-Effectiveness of In-Home Placements. The report showed that in comparison to the costs of most types of foster care, alternative services for children in their own homes is much less than that of placement services. The study found an average cost of $900-$1,000 per child per year in a comprehensive family center or casework agency; $2,000 for child guidance, homemaker service, or family day care; $4,000 for a day care center; and $8,000 for a day treatment facility. This is in contrast to estimates of $5,200 per child per year in foster family care and more than $42,000 for secure detention of one child.15/

- Inappropriate Placements. It was found that more than half the children were inappropriately placed initially, and more than two-fifths of the children were currently inappropriately placed. Among the 28,800 children in placement in N.Y. City, 2,094 (7.3%) should have been in their own homes and 3,641 (12.6%) should have been placed for adoption. This figure is in addition to the 3,951 (13.8%) children who should be and are in foster homes with the prospect of adoption. The major deficits in facilities for children who need to be in placement were residential treatment, and group homes and residences. Further, if all children in N.Y. City were appropriately placed, about 3,700 fewer children would be in long-term foster homes.16/

The study, Foster Care Needs and Alternatives to Placement, is available by writing:

Publications Clerk
N.Y. State Board of Social Welfare
Empire State Plaza Tower, 19th Floor
Albany, New York 12223

2. Massachusetts Treatment Alternatives Project (TAP) 17/

The goal of this two year project was to maintain children in their home communities by providing intensive community-based services to children referred for residential treatment. This was an attempt to

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15/ Ibid., p. 43.

16/ Ibid., p. 29.

17/ E. Heck and A. Gruber, Treatment Alternatives Project: Final Report (Boston: Boston Children's Service Association, 1976).

redirect the child from residential care and/or to shorten the length of time spent in residential care.

A March 1976 report on the Massachusetts Treatment Alternatives Project provides evidence of the cost-effectiveness of service to children in their own homes. One-third more children and families received services in the Treatment Alternatives Project for approximately the same amount of money expended by the Department of Public Welfare for the non-TAP children in the project. Heck and Gruber state that:

> "...there is substantial evidence to suggest that TAP type services may be considerably less expensive than the Department's current practices of providing residential treatment."18/

3. The New York State Preventive Services Demonstration Project

The purpose of the Preventive Services Demonstration Project was to test the effectiveness of intensive services to families in prevention of placement.19/ Eligibility requirements for case selection were: (1) worker opinion that child(ren) would require placement in the absence of intensive services to the family; (2) at least one of the affected siblings had to be under 14 years of age; and (3) reasonable expectation that services would have positive results within 6 months. The entire evaluation period covered one year.

Among the results were that: (1) of those children home at the time of assignment to the project, only 7 percent of the experimental group, as compared with 18 percent of the control group, had entered placement by the end of the evaluation period; and (2) a $500,000 investment in services in one year yielded a savings estimated at over $2 million in foster care expenditures over five years.

The findings of this project suggest that a program of intensive counseling and concrete services, made readily available to families when foster care placement is imminent, can be effective in preventing (or reducing the length of) placement, enhancing the functioning of the parents and children, improving the environmental conditions of families, and securing considerable savings to the agencies.

18/ Ibid., p. 245.

19/ M. Jones, "Reducing Foster Care Through Services to Families," Children Today 5:6 (November/December 1976), pp. 7-10. A report on this project may be found in M. Jones, A Second Chance for Families: Evaluation of a Program to Reduce Foster Care (New York: Child Welfare League of America, 1976).

III. PLACEMENT DECISIONS

Once it has been determined to remove a child from the home, the worker must decide if placement is expected to be short-term or long-term. This decision will depend on: (1) the conditions of the child and natural family; (2) whether or not the parents' rights are voluntarily terminated; (3) any conclusions of the court concerning termination of parental rights or custody of the child; and (4) service resources available in the community.

If a permanent placement is recommended, a choice may exist between adoption, foster family care, and residential group care (again, this will be influenced by any court decisions). If a short-term placement is preferable, the choice will be between some form of short-term residential group care or short-term foster family care.

The following section will present criteria to aid in the decision as to whether care should be short or long-term foster family care, adoption or some form of residential group care.

A. SHORT-TERM VERSUS LONG-TERM CARE

An agency should attempt to recognize when a placement will be long-term in order to avoid a succession of short-term placements. In addition, early identification of probable short-term placements encourages more attention to rehabilitation of the natural family and timely termination of placement. The following criteria may be helpful in establishing a basis for predicting placement duration:

Short term care is appropriate as a temporary placement

> "...in those cases where child abuse or neglect is severe, where the onset of difficulty is precipitous and hazardous or where there is need to bring a self-destructive youngster or severely acting-out child into control and there has been an incomplete assessment beforehand."[20]

In such cases, one of the following placements should then be arranged: temporary foster home or boarding home, temporary group home, temporary group residence or diagnostic facility or temporary institution.

> "The appropriateness of long-term foster care is dependent on (1) its reference to a plan of permanence for the child: return to the family, adoption, or long-term foster family care until age and capacity make it possible for the youngster to be self-supporting; (2) matching, within each type of foster home selected for foster family and foster child characteristics, and (3) the capacity to garner back-up and support services from other systems and/or agencies, as may be needed to sustain a child in the community."[21]

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[20] Paul, Criteria for Foster Placement and Alternatives to Foster Care, p. 26.

[21] Ibid., p. 29.

B. EARLY DETERMINATION OF CHILDREN WHO SHOULD BE ADOPTED

Adoption as a possible permanent plan for the child who is unlikely ever to return home should be recognized as an option at the earliest stages of agency involvement. This is especially true in situations where the parents have been engaged in an unsuccessful structured treatment program. Adoption provides the child with a stable home environment which is usually less costly than a prolonged stay in a variety of short-term placement alternatives.

For children already in long-term foster care under the agency's jurisdiction, each case also needs to be reviewed every six months to determine which children are adoptable. It is estimated that at least one third of the children now in foster care should be freed for adoption.22/

In order to facilitate early recognition of children who should be adopted, Sister Mary Paul offers the following criteria for deciding whether or not adoption is the most suitable choice for the child:

"ADOPTION IS APPROPRIATE IF

a. The parents are willing to surrender child upon consideration of their long-term and possibly permanent inability to handle responsibilities of parenthood; or

b. Parental rights have been definitively terminated by the court; or

c. It is clear from the record based on contact by parents and characteristics of child that the agency should initiate procedures to terminate rights; and

d. An adoptive home can be found for this child.

BUT INAPPROPRIATE IF

a. There has been recent meaningful contact between child and biological family;

b. Child with conscious awareness and exposure to its advantages is unable or unwilling to accept adoption; or

c. There has been a definitive ruling by the court against termination of rights."23/

22/ E. Cole, "Adoption: Problems and Strategies, 1976-1985" (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1976). (Xeroxed.)

23/ Paul, Criteria for Foster Placement, p. 58.

In addition, the Utah DFS Task Force suggests that the following questions be answered before making the determination that adoption is appropriate:

1. Has the child been voluntarily relinquished?
2. Will the court consider permanent deprivation?
3. Does the child express an interest in adoption?
4. Is the child requesting to be adopted by the foster parents?
5. Are the foster parents interested in adopting the child?
6. Should the child be moved from the present placement?
7. Are adoptive resources available, e.g., regular or subsidized adoptive homes, intra or interstate compact agreements, Adoption Resource Exchange of North America (ARENA)?[24/]

In 1973, the Children's Bureau funded a three-year demonstration project, "Freeing Children for Permanent Placement," which focused on the identification and placement of those children who were unlikely ever to return home. (The project is described in the Foster Family Resource Section of this Manual.) As part of the project, a screening guideline was developed for use in determining if a child is a likely candidate for adoption. The guideline is presented in Table I below:

TABLE I

SCREENING GUIDELINE

"I. 1) All children 12 years old or younger
  2) who have been in foster care over 1 year
  3) with no plan in progress toward return to parents
  4) a) who are adoptable
    b) who are not adoptable

II. 1) All children 12 years old or younger
  2) who have been in foster care less than 1 year
  3) where one or more of the following conditions is present in parent or parents:
    a) habitual drug use or addiction
    b) chronic alcoholism

[24/] More comprehensive criteria to be used by workers in making placement decisions may be obtained by writing: Director, Division of Family Services, 333 South 2nd, East, Salt Lake City, Utah 84111.

c) chronic emotional disturbance and/or hospitalization for emotional illness
d) pattern of criminal activities resulting in repeated arrests, convictions, imprisonment
e) patterns of chronic family instability, transiency, etc., - the "McMaster syndrome"
f) patterns of physical and/or emotional abuse or neglect resulting in repeated emergency or short-term foster care placements
g) parent or parents have left the area without stating plan for child or indicating when they may return
h) parent indicates, by word or actions, unwillingness to care for child but will not consider voluntary release
i) mental deficiency of parent
j) lack of effort of parent to adjust his circumstances, conduct, or conditions to make the return of the child possible, etc.

III. Children above the age of 12 who might be candidates for adoption by their foster parents:

a) parent or parents have deserted
b) parent or parents are unfit because of conduct/conditions
c) parents might release voluntarily if approached regarding this action."25/

C. DECIDING BETWEEN FOSTER FAMILY HOMES AND RESIDENTIAL GROUP CARE

After it has been determined that a child's needs can best be served outside the home and the child is not adoptable, a decision must be made about the most appropriate type of setting. If the child is not adoptable, a placement decision must be made. The caseworker must decide if the child should be placed in a foster family setting or in a residential group care setting. This choice is based on the individual needs of the child. (Discussion of the type of residential group care setting or the type of foster family which is best suited to a given child's needs is provided in the Residential Group Care Resource Section and the Foster Family Care Resource Section).

Listed below is a summary of criteria developed by Paul for consideration in placing a child in a foster family setting versus a residential group care setting:

Foster Family Setting

1. Essential for children under 6. (May be used for older children.)
2. Child could profit from family atmosphere of foster home.

25/ Barriers To Planning for Children in Foster Care (Portland, Oregon: Regional Research Institute for Human Services, 1976), p. 3.5.

3. Child would not be a severe behavior problem.
4. Child cannot adapt to peer group relations.

Residential Group Care

1. Child or natural parents reject substitute parents.
2. Child is a danger to himself and others.
3. Child cannot find acceptance in or adjust to a community school.
4. Child who, because of fragile ego development or extreme impulsivity, needs a more structured style of living and on-site professional help.
5. Child cannot tolerate close emotional ties of foster family.
6. Child has special emotional or physical problems which need more frequent professional help than is available in smaller foster home facilities.
7. Child's behavior or evident emotional disturbance, however related to family situation or precipitating stress, indicates need for on-site professional observation and evaluation.26/

26/ Bernstein et al., Foster Care Needs and Alternatives to Placement, pp. 105-108.

IV. THE CASE PLAN

A structured treatment plan should be developed for each child who enters care. It is important that this plan be developed as early as possible, so that work can begin on establishing a permanent living situation for the child. If return of the child to his/her natural parent(s) is possible, the plan should indicate what is expected of the agency and parent(s) in order for the child to return home.

It is the responsibility of the agency to make a complete effort to help the parent(s) prepare to resume care of the child. Agency services should be documented in the case record as evidence that attempts were made to reunite the family. This case recording can be used as admissible evidence, if a termination of parental rights hearing becomes necessary. If it is unlikely that the child will return home, the case plan should reflect the most suitable permanent planning alternative available for the child. The plan might be adoption, formalized long-term foster care, guardianship or emancipation.

Sufficient information should be contained in the case plan to guide the delivery and monitoring of services, and to assess service outcome. The case plan should summarize the conditions of the home, the behaviors and needs of the family and the child, and the services required to rectify the major presenting problems.

The case plan should:

1. Adequately and objectively describe the exact nature of conditions and problems, as well as their history.

2. Describe the exact nature of the proposed services, and the reasons why it is thought they will benefit the client.

3. Indicate the nature of hoped-for changes in home conditions, family behavior, and treatment of the child.

4. Specify the approximate amount and duration of services to be provided and the points in time by which it is reasonable to effect changes in home conditions and behavior.[27]

5. Establish milestones required for case monitoring and evaluation (e.g., partializing the problem by defining the initiation and conclusion of segments, dates for case reevaluation, etc.).

It is important that case plans be realistic and realizable for each child. There should also be close monitoring of progress toward case goals until permanency is achieved for the child. This keeps the caseworker aware of the status of his clients and their progress toward specified goals.

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[27] See the In-Home Services Resource Section, pp. IV 13-15, for a discussion of the use of case plans for behavioral change strategies in casework.

V. PREPARING FOR A COURT HEARING

In cases where the social worker determines that it is in the best interest of the child to initiate a court action, child welfare agency staff must be totally familiar with what is involved in preparing for a court hearing. Caseworkers should recognize that the potential for court intervention exists in every case and should, therefore, keep records from the time the child and family are first referred for services.

According to CWLA, the following standards should govern the social worker's decision to petition the court for removal of a child from parental custody:

- "the child has to be removed from his own home for emergency care or for care away from his parents, because conditions dangerous to his physical, moral or emotional well-being exist, and parents are unable or unwilling to use the social work help offered to change the situation so that the child can receive at least the minimum essentials for his healthy development
- the child's parents, guardian or other custodian are not able to discharge their responsibility to and for the child because of incarceration, hospitalization or other physical or mental incapacity
- the child has been abandoned or deserted and needs the protection the court can give
- review and decision about the legal status of the child are necessary
- there is evidence pointing to serious neglect or abuse, but the agency is not able to learn the effect of conditions on the child. The added authority of the court may make it possible to determine what is happening to the child, as well as whether the parents have the capacity to change."[28]

A. TERMINATION OF PARENTAL RIGHTS

Prior to making a formal petition to the court for a hearing, many states require agency workers to review the findings of the investigation of a case with a court intake worker. This process can enable caseworkers to screen out those cases that are deemed inappropriate by the court intake workers and/or to determine, with the assistance of the court intake worker, the adequacy of the investigative summary that the agency has prepared to submit to the court. Many jurisdictions require submission of an investigative summary by the agency prior to the actual hearing.

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[28] Child Welfare League of America Standards for Child Protective Service (New York: Child Welfare League of America, 1975), p. 46.

Any information submitted to the court intake worker enables the court to improve the judgment process and to focus on the problems needing intervention, in order to relate specific strategies (service outcomes) to specific case goals. These reports should contain at least the following information:

1. "A statement of the specific harm(s) to the child, as defined by the statute, that the intervention is designed to alleviate. [A petition brought in behalf of a child that needs protection should be supported by data from law enforcement agencies, medical professionals and facilities, schools, and from the investigation of the protective agency itself. Specific conditions and frequency of occurrence are salient points.]

2. A description of the specific programs, for both the parents and the child, that are needed in order to prevent further harm to the child; the reasons why such programs are likely to be useful; the availability of any proposed services; and the agency's overall plan for ensuring that the services will be delivered.

3. A statement of the measures, e.g., specific changes in parental behavior, that will be used to determine that placement and/or services are no longer necessary.

4. If removal is recommended, a full description of the reasons why the child cannot be protected adequately in the home, including a description of any previous efforts to work with the parents and the child in the home; the in-home treatment programs, e.g., homemakers, which have been considered and rejected; and the parents' attitude toward the placement of the child.

5. A statement of the likely harms the child will suffer as a result of removal. This section should include an exploration of the nature of the parent-child attachment and the meaning of separation and loss to both the parents and the child.

6. A description of the steps that will be taken to minimize the harm to the child that may result if separation occurs."29/

29/ M. Wald, "State Intervention on Behalf of Neglected Children: Standards of Removal of Children from Their Homes, Monitoring the Status of Children in Foster Care, and Termination of Parental Rights," Stanford Law Review 28:4 (April 1976), pp. 659,660.

The investigative summary should include the circumstances of the petition, the social history of the family, and the present condition of the child and parents, proposed plans for the child, and other relevant facts. These summaries should also be shared with the state attorney handling the case, the counsel for the parents and the guardian ad litem, if one is to be appointed.

In the fifty states there are a variety of statutes relating to the termination of parental rights. Several model statutes for termination of parental rights have been proposed which, if adopted in the federal legislature, would lend some uniformity in case law and statutes. A "Model Statute for Termination of Parental Rights" has been developed by the National Council of Juvenile Court Judges,30/ and "Standards for State Intervention on Behalf of Neglected Children" have been proposed by Michael Wald.31/ In addition, the Children's Bureau is in the process of developing a Model Act to Free Children for Permanent Placement. This Act will be available in 1978.

B. THE PETITION

The filing of the petition with the court formally initiates the legal action and sets forth the allegations against the parents or guardians of the child. Prior to the official filing of the petition, parents should be advised of each step in the legal process, the reasons it is being undertaken and their legal rights, including the right to counsel. The family should be fully informed of the grounds the state will use in an effort to terminate parental rights. The facts should be stated clearly and accurately.

Workers should be sensitive to the threatening nature of these types of proceedings for parents and attempt to stress the non-punitive aspect of the proceeding; and explain that intervention is considered necessary to strengthen the child's environment, provide protection to the child, and/or find more effective ways of helping the family unite. Parents need to know that although the protection of the child is the foremost goal, the preservation of the family is also important.

Depending on the maturity, age, and emotional situation of the child, the child should be kept informed, whenever possible, of what is planned. If a child is to be involved in the hearing and will be interviewed by a judge or lawyer, the child should be prepared for these sessions and allowed to articulate his or her feelings both before and after these sessions. The worker and the court should be sensitive to the emotional state of the child and make these situations as non-threatening as possible.

C. PRELIMINARY HEARINGS

The preliminary hearing is the beginning of the adjudication process. At the hearing, parents are advised of the nature of the proceeding and their legal rights and responsibilities with respect to their children.

30/ J. Lincoln, "Model Statute for Termination of Parental Rights," Juvenile Justice 27:4 (November 1976).

31/ Wald, "State Intervention on Behalf of Neglected Children."

The court sets forth the nature of the complaint from the investigative summary prepared for the court by the caseworker. Based on the content of report and other substantiating evidence, the court will request admission or denial of the complaint. When the complaint is admitted, the court will make a determination.

In these situations, caseworkers must be prepared to provide the officials of the court with an assessment of the kinds of services that the agency can provide to protect the child as well as offer recommendations regarding the service needs of the family. Frequently the court relies upon the caseworker's recommendations in determining the disposition of the case. The caseworker's decisions should be based upon an analysis of the investigative study of the child's and the family's needs. Properly developed, this assessment should enable the worker to determine: whether or not placement is needed; the prognosis for parental rehabilitation; the type of care and treatment needed by the child; and an estimate of the probable duration of care.

D. STATUTORY CHART RECORDING:

Statutory chart recording assists a worker in determining where a parent is breaking a neglect or unfitness statute in dealing with a child. This recording format records where and how the law(s) in a given jurisdiction is being violated and provides a worker with a useful document for court proceedings where necessary. A sample chart discussed by Bell and Mlyniec 32/ is presented in Figure 1 on the following page.

Statutory chart recording presents a legally oriented approach to casework presentation in court. This helps to increase the worker's credibility in court presentations and may be particularly useful in cases where factual evidence is limited. The cases should be organized so that they can be reviewed in the context of applicable state and local laws.

E. CASE RECORDS

Case records, while not admissible as evidence during hearings, are an invaluable resource for a worker's testimony during a proceeding. Case records which are properly developed allow workers to distinguish the actual, specific facts of a case from impressions and assumptions. It is important that the case record contain factual entries which show the chronology of case events. The case records should also include copies of all correspondence. A well-documented case record provides a means by which a case can be reviewed in its entirety, to determine the facts of a case in preparation for presenting testimony that is admissible in court.

F. LEGAL CONSULTATION

A general consensus appears to exist in the child welfare literature that legal consultation should be available to help agency workers screen cases to determine whether or not court proceedings are necessary. The use

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32/ C. Bell and W. Mlyniec, "Preparing for a Neglect Proceeding: A Guide for the Social Worker," Public Welfare 32:4 (Fall 1974).

FIGURE 1

Worker Agency Goal Guardianship ☐ Temporary Custody ☐ Termination ☐	Parent	Address
	Parent	Address
	Other	Address

Section2-4: Neglected Minor (Under 18 years)	Child	Facts and Dates	Witness(es), Address(es) and Date(s)	Social Worker Observation(s) Date(s)
(a) Who is neglected as to proper or necessary support				
Who is neglected as to education as required by law				
Who is neglected as to medical or other remedical care recognized under state law or other care necessary for well-being				
Who is abandoned by parents, guardian, or custodian				
(b) Whose environment is injurious to his welfare or whose behavior is injurious to his own welfare or that of others				

Source: Illinois Revised Statutes 1973, Chapter 37 §702.4 used for illustrative purposes only. Chart conceptualized by Harry Krause.

Cited by: Bell, C. and Mlyniec, W. "Preparing for a Neglect Proceeding: A Guide for the Social Worker." Public Welfare 32:4 (Fall 1974), p. 30.

of legal consultation by agencies can facilitate the use of appropriate court procedures. In the absence of agency legal counsel, agencies should develop cooperative relationships with the local courts so that cases can be screened by court intake workers and/or court attorneys prior to the filing of petitions. The concepts of inter-agency, intra-agency, and inter-professional cooperation are becoming recognized as essential to a more efficient approach to problem areas. Particularly in the field of child welfare, open lines of communication among lawyers, supervisors, caseworkers, and court officials can be helpful in gaining consensus on whether or not to go to court, using the proper methodology in presenting a case, and determining how to go about obtaining necessary evidence.[33]

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[33] For guidance in the steps to preparing for a court hearing, see V. Pike et al., Permanent Planning For Children in Foster Care: A Handbook for Social Workers (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1977), pp. 101-136, "Chapter 5: How to Prepare a Termination Case."

Intake/Service Choice

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IV. IN-HOME SERVICES

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IN-HOME SERVICES RESOURCE SECTION

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I. INTRODUCTION

In-Home Services encompass a broad range of services and programs which support child welfare goals to maintain, enhance, or rehabilitate parental, child and family functioning in the home, thus avoiding the necessity of out-of-home placement in substitute care. While these are services which may be provided when parents recognize the need for help and have requested it, they may also be utilized when neglect, abuse, or exploitation have been reported and the child(ren) has been determined to be in need of protective service. In this case, a parent may not have been given a choice of whether or not to accept the service. However, services to children directed toward maintaining them in their own homes are the services of choice only when the parent(s) is willing and/or able to attempt to meet a minimum standard of care in the home. These services, then, are both preventive and corrective in nature.

In a synthesis and analysis of foster care in five states, Vasaly emphasizes the need for community resources to prevent family disintegration, including: homemaker and day care services, financial assistance, physical and mental health facilities, and family counselors.1/ Because children entering out-of-home care are likely to spend a significant portion of their childhoods in placement at considerable cost, increasing efforts are being directed toward development of services and programs to work with families in crisis situations and to safeguard children in their own homes.

A. DESCRIPTION OF SERVICES

Kadushin categorizes in-home services as supportive or supplemental,2/ describing the former as the first line of defense against family breakdown, and supplementary services as indicated when the efforts of the parents to care for their children must be supplemented in order to maintain the family system. Thus, the term "in-home service" has multiple meanings and may refer to helping and/or counseling activities of workers, programs such as day care, or resources such as emergency financial assistance or homemakers.

The most commonly utilized services to support a diagnostic decision to provide services in the home are day care, homemaker services, and general casework services. These services can be provided singly or in combination with other services uniquely suited to each particular set of client needs. Research suggests that combinations of two or more services more effectively meet the needs of clients when children may be in danger of out-of-home placement.3/

1/ S. Vasaly, Foster Care in Five States, (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1976), Publication No. (OHD) 76-30097.

2/ A. Kadushin, Child Welfare Services, 2nd ed. (New York: MacMilian Publishing Co., 1974), p. 28.

3/ E. Sherman et al., Service to Children in Their Own Homes: Its Nature and Outcomes (New York: Child Welfare League of America, 1974), p. 126.

1. Day Care Service

Although the care itself is provided outside the home, day care service is considered an essential part of a service plan to maintain families intact. Therefore, it is included as an in-home service. Day care can generally be defined in the following ways:

> "In-Home Day Care--Care provided for a portion of the day in the child's home by qualified persons other than the child's own parents or the person who normally takes care of the child.
>
> Family Day Care Home--A licensed or approved private family home in which children receive care, protection and guidance during a part of the 24-hour day. A Family Day Care Home may serve no more than six children (ages 3 through 14) in total (no more than five when the age range is infancy through 6) including the family day care mother's own children.
>
> Group Day Care Home--An extended licensed and approved or modified family residence, in which family-like care is provided usually to school age children. It provides care for up to 12 children.
>
> Day Care Center--A licensed facility in which care is provided part of the day for a group of 12 or more children.
>
> Full-time Day Care--Care provided for 32 hours or more per week in periods of less than 24 hours per day.
>
> Part-time Day Care--Care provided for less than 32 hours per week in periods of less than 24 hours per day."[4]

2. Homemaker Service

Although a homemaker works directly with a child and family in their own home, the homemaker should be considered a member of a professional agency team implementing a case plan under the supervision of a caseworker. A homemaker's duties may vary according to each family's needs and change with the individual circumstances. Homemakers should be able to function to fill all the various components of the parental role, therefore, homemaker service is to be distinguished from domestic housekeeping or chore service. Homemaker service is generally obtained from private non-profit agencies, proprietary agencies, or from homemakers directly recruited and employed by the agency. They should be available either on an 8-hour basis, or 24 hours a day in emergencies.

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[4] Action Transmittal Social Services Reporting Requirements (Washington, D.C.: U.S. Department of Health, Education and Welfare [SRS], July 1973), pp, 3-29, Publication No. (OMB) 83R0312.

The New Jersey Division of Youth and Family Services distributes a pamphlet to clients describing their home service aide (homemaker) program. The pamphlet tells clients that these are some (but not all) of the things that a homemaker can do to help them:

- "Show you new ways to fix familiar foods.
- Help find an exterminator to get rid of rats and roaches.
- Show you how to take up hems, fix zippers and alter clothes.
- Help you apply for Food Stamps.
- Help locate needed furniture.
- Answer questions about good nutrition.
- Suggest ways to handle your child's temper tantrums.
- Talk to your creditors and help work out a system for paying bills.
- Show you how to prepare formula, give a bath and do all the things you must do for a new baby.
- Help you make or buy inexpensive clothes for your children.
- Talk to your landlord or health and housing authorities, if necessary, when needed home repairs are not made.
- Put you in touch with family planning experts if you want information or help with this.
- Help you work out a budget so that your money lasts the whole month.
- Offer suggestions to help with toilet training.
- Help provide the care or diet a doctor has recommended.
- Listen when you have a problem."[5]

3. Casework Service

The term casework service implies coordination of a case plan by a worker in which other services available to an agency, either directly or indirectly (through referral, purchase of service, or cooperative agreement), are utilized to bring about an effective solution to the problems of a child and family. Sometimes the greatest need is for assistance in navigating the maze of red tape to locate and secure the services for which the child and family are eligible. Caseworkers are frequently required to act as client and family advocates in obtaining services from other agencies and community resources.

Supportive and supplementary services, which may be used alone or in combination with day care or homemaker service to serve a child and family in their home, may be obtained through: family service centers, community outreach agencies, child guidance clinics, day care and treatment centers, alternate or special education programs, after school day care and recreation programs, and volunteer or charitable organizations. The following is a partial list of the kind of services which caseworkers may utilize when providing services to children and families:

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[5] Meet Your Home Service Aide (Trenton, New Jersey: New Jersey Division of Youth and Family Services, Department of Human Services, no date).

(a) Counseling

- -- vocational or employment
- -- financial
- -- family planning
- -- drug or alcohol abuse
- -- individual, group or family

(b) Support Groups

- -- Parents Anonymous
- -- Alcoholics Anonymous
- -- Al-Anon
- -- Recovery, Inc. (former mental patients)
- -- adolescent rap groups
- -- Weight Watchers, Overeaters Anonymous, etc.

(c) Education

- -- diagnostic evaluation
- -- Parent Effectiveness Training
- -- homemaking skills
- -- tutoring
- -- Home Start Programs [6]

(d) Recreation Programs
(e) Housing & Relocation Assistance
(f) Transportation
(g) Job Placement and Youth Employment Programs
(h) Legal Services
(i) Medical Care
(j) Financial Assistance
(k) Psychological Diagnostic Evaluation
(l) Mental Health Care
(m) Service Programs for the Handicapped
(n) Services for Unmarried Parents
(o) Volunteer Organizations

- -- Foster Grandparents
- -- Big Brothers
- -- Big Sisters
- -- Church-sponsored community action groups

It should be emphasized that services in the above list can be equally important, if not more important, than day care or homemaker services in enabling a child to remain in or to be returned to the home.

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[6] See Report of a National Conference on Home Start and Other Programs for Parents and Children (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1975). Publication No. (OHD) 76-31089.

B. STANDARDS

In an effort to avoid the use of day care facilities which provide low quality care, all facilities utilized by an agency, either directly or through referral, should be regularly and carefully inspected and their services monitored. States provide mandatory licensing standards for private facilities (both profit and non-profit), while more stringent federal regulations are often required for programs receiving federal funds. In addition, accreditation and credentialing are increasingly taking place under public and private auspices in order to recognize achievement of quality care above that mandated by state and federal statutes.

Because day care licensing standards vary across states and few areas of total agreement on licensing standards exist, no specific criteria or standards will be suggested here. It is relevant to point out, however, that ideal child/staff ratios recommended by DHEW for family day care homes, group day care homes, and day care centers, may be found in the Federal Interagency Day Care Requirements.7/ Research regarding the importance of professional education for day care teachers has been largely inconclusive.

Sources of recommended licensing standards include Child Welfare League of America (CWLA), and the Children's Bureau (DHEW). Also of interest are the recently formulated standards for day care centers for infants and children under three years of age by the Committee on the Infant and Pre-school Child of the American Academy of Pediatrics.8/ A local administrator should be familiar with the provisions of the Federal Interagency Day Care Requirements (FIDCR). In communities where these standards are not presently applied, pending federal legislation could have a significant impact on day care services.

Available for in-depth assessment of individual day care centers is: The Day Care Evaluation Manual, DHEW Publication No. 7502, published in December 1974. This manual may be obtained from:

U.S. Children's Bureau,
ACYF, OHDS
P.O. Box 1182
Washington, D. C. 20013

The price is $10.00.

Standards for quality of homemaker services vary widely. The National Council for Homemaker-Home Health Aide Services, Inc., and the CWLA publish standards. However, the responsibility for enforcing standards will be up to the agency staff responsible for monitoring contracts and the individual caseworkers who supervise homemakers in particular cases.

Personal qualifications of homemakers which have been found to be important are: (1) an understanding of the perceptions, culture and backgrounds

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7/ Federal Interagency Day Care Requirements (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1968), Publication No. (OHD) 76-31081.

8/ Recommendations for Day Care Centers for Infants and Children (Evanston, Illinois: American Academy of Pediatrics, 1973).

of the families which they will be assisting; (2) good health; (3) maturity and emotional stability; and (4) a liking for children. Further detailed selection criteria may be found in CWLA Standards for Homemaker Service for Children, which may be ordered from:

Child Welfare League of America
67 Irving Place
New York, New York 10003

More information may also be obtained from:

National Council
Homemaker-Home Health Aide Service, Inc.
67 Irving Place, 6th Floor
New York, New York 10003
(212) 674-4990.

C. CRITERIA FOR SERVICE CHOICE

The Intake Service Choice Resource Section (Section III of this Manual) discusses criteria used to determine whether or not a child should remain in his/her own home, and whether or not the family can benefit from receiving agency services. Written guidelines should be available to workers to assist them in making these important decisions.[9] Appropriate matching of specific in-home service or service package to client needs should take into account: (1) age of the child; (2) degree of family disorganization and impairment of caretaker functioning; (3) needs of parent(s) and child; (4) preferences expressed by parent(s) and child; and finally (5) availability of resources. It cannot be overemphasized that immediate, intensive casework support should be provided at the point of crisis. It is during this critical period that families either break up or are maintained intact, avoiding placement of children out of the home.

Day care is most appropriately utilized as the service option of choice when care in the home, beyond the hours the child will be in day care, can at least minimally meet a child's needs. If this is the case, then day care is indicated.

It is generally agreed that a high ratio of staff per child is extremely important for children under three. Thus, for a younger child, it is important to consider staff ratio when matching a child with a particular facility. Also, the more physically and emotionally deprived a child's home environment is found to be, the more important will be the child-staff ratio and enriched program elements of a day care program.

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[9] Examples of such guidelines are provided in Report from DFS Task Force Committee on Alternatives for Families at Risk (Salt Lake City: Utah State Department of Social Services, Division of Family Services, October 1975), p. 21, and M. Paul, Criteria for Foster Placement and Alternatives to Foster Care (New York: New York Board of Social Welfare, 1975).

Day care may be offered as a preventive or compensatory service, and differing emphasis may be placed on care, child development, education or treatment. Careful investigation and diagnostic evaluation of each family's situation will indicate which of the following components of day care service a child needs most:

(1) Care and protection
(2) Education
(3) Health supervision
(4) Social work with parents and child.

Careful consideration should be given to the needs and interests of school-aged children when arranging for after school care. Some of these children are emotionally mature enough to function well with a minimum of supervision. Many, however, will need a nutritious meal, assistance with homework, and planned recreational activities.

The importance of homemaker service to prevent placement in foster care has been noted repeatedly by numerous child welfare experts, as well as parents of children who have been temporarily placed out of their homes as a result of family emergencies. While this is an expensive service, its long term value in preventing traumatic separations of parents and children during crises has been demonstrated. When matching homemaker service to individual child and family needs, the criteria previously mentioned apply, with the addition of projected duration of need.

Often homemaker service must be provided for only a short time. If the child is under six, or several children are involved, extension of emergency homemaker service for a period of several weeks may prove more desirable and economical than short-term placement. Homemaker service may be 24-hour service, which is often required in emergencies, or 8-hour service. Twenty-four-hour homemaker service should always be available to serve children in their own homes, whose parents must be absent from the home because of sudden illness or other emergencies. Homemaker service, on an 8-hour basis, is indicated when parental care in the home beyond the hours the child will be cared for by the homemaker, can meet the minimum needs of the child.

Caseworker participation can be an important part of homemaker services. While some families neither need nor want casework services, in the majority of cases in which homemaker service is indicated, casework service is a necessary correlate of successful outcomes. The homemaker is frequently called upon to provide service to children and families in a wide range of stressful circumstances. There may be conflicting reactions to her/his presence within a family group. These circumstances combined with family situations such as mental illness, abuse, or neglect, tend to place a high degree of emotional strain on homemakers. Thus, a supportive collaborative relationship with a caseworker is an essential part of successful homemaker service.

In Standards for Homemaker Service for Children, the Child Welfare League of America states that:

> "Homemaker service should be considered for children who are lacking or may be deprived of love and proper care

because of family circumstances or problems of the parents, and whose individual needs can best be met in their own homes. These include:

- children whose mother is absent from the home...
- children whose mother is in the home but unable to perform all her mothering functions...
- children in families where the mother is worried and preoccupied with the care of the father, another child or another member of the family...
- children whose mother does not know how to care for them or how to keep house, due to lack of preparation or training, low intelligence, emotional immaturity, her own deprivations, or overwhelming responsibilities for many children, but has a relationship with them which has value for them...
- children whose mother has to be employed during the day for an interim or indeterminate period...
- children living in foster families...when problems arise which might require placement in another home.
- children receiving specialized psychiatric treatment or treatment for serious physical ailment...
- children for whom an alternative plan, such as placement, has to be developed, and for whom a diagnostic study and/or preparation for placement may be required."10/

10/ Child Welfare League of America Standards for Homemaker Service for Children (New York: Child Welfare League of America, 1959), pp. 5-6.

II. CASE MANAGEMENT

Various case management models are used by local social service agencies to deliver services to children and families. For example, a team model is used in the Division of Family Services, Salt Lake City, Utah. Teams are comprised of two intake workers, two protective service workers, and two foster care workers under the supervision of a seventh team member. Workers are encouraged to discuss cases and challenge each other's decisions. The Division has found that communication between workers has improved, more consistency exists among workers regarding service plans considered appropriate for clients with relatively similar problems, and clients are receiving less fragmented services.

Successful social service work with children and families in their own homes may require an individualized relationship with one person. The importance of working within a relationship is emphasized throughout the literature and is of particular significance when services are being provided in an effort to avoid the more expensive, more traumatic, and usually longer option of placement. Services that are provided outside the context of an individualized relationship may be considered impersonal, encouraging passivity and apathy.11/

In their 1973 report on Service to Children in Their Own Homes: Its Nature and Outcome, Sherman et al. found that a combination of services, in contrast to a single service, showed a significantly greater association with successful outcome, defined as avoiding out-of-home placements. It was suggested that this finding may have been due in part to the support (defined as understanding and encouragement) given by a caseworker, not only to the client and family, but to the homemaker as well.12/

The following sections will discuss the increasing use of case plans as contracts, behavioral modification techniques in casework, the importance of current information regarding resources available in a community to support families, and finally, termination of in-home service.

A. CASE PLANS AS SERVICE CONTRACTS

In a number of agencies, case plans are increasingly being written to include quasi-contractual agreements that are signed by client(s) and caseworker. These contracts are established to clarify agreements regarding agency services to be provided, changes in the client's situation that are expected to result from the services, and the setting of reasonable time limits for achieving short-term and long-term objectives. When objectives and expectations are put in writing and the responsibilities of all parties involved are delineated, clients can make informed decisions about whether or not to participate in the service plan. Contractual agreements facilitate decisions regarding alternate plans, and strengthen cases which may result in court action.

11/ N. Polansky et al., Profile of Neglect (Washington, D.C.: U.S. Department of Health, Education and Welfare [SRS] 1975), p. 43. Publication No. (SRS) 76-23037, and Sherman et al., Service to Children in Their Own Homes, p. 126.

12/ Sherman et al., Service to Children in Their Own Homes, p. 126.

The purpose, then, of writing case plans as contracts between caseworkers and parents is fourfold:

(1) parents are recognized as integral participants in the treatment process.

(2) Exact changes required of them if their children are to remain in home are described.

(3) A time limit is established within which the changes must be accomplished.

(4) Signing of the contract strengthens parental commitment to participate in the change effort.

Smith and Jordan of the Utah Department of Social Services, Division of Family Services, have developed a training manual for caseworkers entitled Results Oriented Recording in Public Social Service Agencies. The manual is used by staff of Family and Child Training Services in Utah. The section on contracting offers the following guidelines:

"1. A service contract is an agreement between consumer and practitioner that each will perform certain tasks.
2. A behavioral contract is a contract which is written in behavioral terms and has, as its goal, specific consumer behavioral changes.
3. Contracts may be of short or long duration.
4. A series of service contracts and their evaluations provide a specific and measurable recording track.

WRITING THE CONTRACT

1. Involve the consumer from the beginning. By involving the consumer in selecting the goals, he or she feels that you are working with him/her and this will increase his/her motivation.
2. Use the consumer's strengths to set goals which help with her or his needs. Attention, praise and the feeling of success in accomplishing her/his goals will help to maintain the consumer's motivation. These should be part of any goal planning procedure.
3. Use small steps to reach the goal. Small, attainable steps bring rapid success.
4. State clearly who will do what and when.

CONTRACTING GUIDE

When formulating a service contract, it is helpful to go through the following steps:

1. Select one or two needs that you want to work on first.
2. Determine what behaviors you and the consumer wish to bring about.

3. Describe those behaviors so that they may be observed.
4. Write the contract so that everyone can understand it.
5. Measure success by observing the behavior.
6. Troubleshoot the system if measurement does not show improvement.
7. Continue to monitor, troubleshoot, and, if necessary, rewrite the contract until the objective(s) are met.
8. Select another need to work on."

This manual may be obtained from:

Division of Family Services
Family & Child Training Services
150 West North Temple, Suite 370
P.O. Box 2500
Salt Lake City, Utah 84110

Cost is $3.00.

Negotiation of the service contract may take one or several sessions. During subsequent meetings the ongoing focus on achievement of the objectives agreed upon in the contract often provides a useful opportunity for change-oriented service. Case plans which are written as contracts should be periodically reevaluated in regard to goal achievement, and alternate plans implemented when indicated.

There are clearly some limitations involved in contracting with clients. For example, caseworkers must decide when services should be terminated in the case of a client who does not keep the terms of the contract, and when a modified contract should be worked out. In addition, non-voluntary clients may present a problem to caseworkers, who must be able to assess motivation and potential.13/

B. BEHAVIORAL MODIFICATION TECHNIQUES IN CASEWORK

Increasing use is being made of behavioral modification techniques in casework with problem-ridden families. This practical, empirically oriented approach is based on principles of learning theory and the experimental analysis of behavior. Among the demonstration projects conducted where these techniques have been successfully applied is the Treatment Alternatives Project (TAP) established by the Massachusetts Department of Public Welfare and the Boston Children's Service Association. Under project directors Edward T. Heck and Alan R. Gruber, intensive in-house services were provided to groups of children found to be so seriously emotionally disturbed as to need separation from their families before referral to TAP. The primary objective was to demonstrate that children referred to and eligible for residential mental health treatment could be maintained in their home communities with good clinical results at a reasonable cost to the state. Heck and Gruber demonstrated that one-third more children and families received services in TAP than for approximately the same amount of money expended by the Department of Public Welfare for the non-TAP

13/ For more information see B. Seabury, "The Contract: Uses, Abuses and Limitations," Social Work 21:1 (January 1976), pp. 16-21.

children in the matched control groups. This study suggested that traditional, insight oriented treatment methods may not work as well as the behavioral approach with the less verbal clients often seen in child welfare caseloads.14/

Behavior modification concepts have also been applied in the Alameda Project, a cooperative effort of the Children's Home Society of Oakland, California, and the Alameda County Department of Human Resources. The primary objective of the project is to work intensively with families to restore children to their natural parents or terminate parental rights and place the children in permanent homes. The following statements summarize the project's general approach:

1. As early as possible, the worker obtains a statement from the parent(s) regarding wishes for the future of the child(ren).
2. If parents want to [keep child or] have their child returned, the worker's next task is to identify any problems that require remediation. Problems are defined in observable and measurable terms and in language the parents can understand.
3. For each problem identified the worker gathers specific information regarding frequency, context, alternative desirable behaviors, and environmental resources.
4. After the problem behaviors are identified, the worker and client decide on the objectives--that is, what changes are to occur with what frequency in what situations.
5. The worker selects an intervention [case] plan and a contract is formulated.
6. The intervention plan is then implemented and its success in altering identified problems is monitored.
7. The contract stipulates specific actions which will be taken if goals stated in the contract are achieved. When goals of the contract are not achieved, the worker reevaluates both assessment of the problem and choice of treatment.15/

Further guidance on using behaviorally oriented casework in child welfare can be found in Decision Making in Foster Care - A Training Manual by Theodore J. Stein and Eileen D. Gambrill (University Extension Publications, University Extension, University of California, Berkeley, 1976). This manual was developed out of concern for the unplanned "drift" of children into long-term foster care placement, and offers an innovative approach to training students and child welfare practitioners in decisive planning and handling of cases.

14/ E. Heck and A. Gruber, Treatment Alternatives Project: Final Report and Program Evaluation (Boston: Boston Children's Service Association, 1976). Copies may be obtained from Boston Children's Service Association, 3 Walnut Street, Boston, Massachusetts.

15/ T. Stein and E. Gambrill, "Behavioral Techniques in Foster Care," Social Work 21:1 (January 1976), pp. 34-39.

The training manual is based on the extensive body of empirical literature in socio-behavioral theory which provides the framework for case management used in the Alameda Project. The first two sections of the manual concentrate on systematic processes of: (1) assessment; (2) formulating contracts with clients; (3) observation; and (4) recording. The last half of the manual focuses on intervention methods which involve the client in the treatment process. Intervention techniques are specifically directed toward remediation of poor parent-child verbal interactions, and identification and treatment of parental alcohol and drug abuse. Studies have indicated that both poor verbal interaction and parental alcohol/drug abuse are often related to children entering out-of-home care.16/

An additional reference for those interested in obtaining more information regarding the behavioral approach is Behavior Modification in the Human Services by Sundel and Sundel. A systematic introduction to concepts and applications, this publication can be used for staff development and in-service training in methods that are being applied in a wide range of human service settings. Chapters particularly relevant for caseworkers include behavioral assessment, treatment planning, and transfer of behavioral change.17/

C. COORDINATION

Fragmentation of services in a community and the resulting negative effects on clients occur for several reasons:

(1) a caseworker may not be aware of the multitude of services that exist;

(2) referral procedures may be cumbersome and vague;

(3) criteria for acceptance by agencies in the community may be limited, e.g., financial eligibility criteria, geographic location, religion, race, marital status or other requirements;

(4) community agencies often do not have appropriate coordination or information dispersal procedures.

Comprehensive and frequently updated resource files can assist workers in finding and obtaining services that are available in a community. Files may be automated or manual. At a minimum, the file on each agency should contain a clear description of services available, eligibility requirements, address, telephone number(s), hours of service, and contact person. Previous experience with the agency may be noted, as well as some rudimentary assessment of quality of services and usual length of wait if applicable, and cost information, if available, in terms of unit of service or average case cost.

16/ See citations in T. Stein and E. Gambrill, Decision Making in Foster Care - A Training Manual (Berkeley, California: University Extension Publications, University of California, 1976), p. 141.

17/ M. Sundel and S. Sundel, Behavior Modification in the Human Services (New York: John Wiley and Sons, 1975).

Maintaining a resource file that will ensure caseworker awareness of all available support services in the community should be an additional responsibility of the individual or unit whose job it is to locate and obtain the services for the agency. The file may be centrally located or in list form and should be available to each worker with frequent updates. Gambrill and Wiltse suggest that this file or list be scanned with each client to serve as a reminder to the caseworker of all resources available to support service to children in their own homes.18/

Referral and cooperative agreements should be established in writing. Purchase of service contracts should clearly describe the nature of the service being provided and the accountability procedures that will be utilized. Purchasers must develop accurate monitoring techniques to ensure that clients are receiving the quality of services specified in the case plan.

D. DURATION OF SERVICE

There is conflicting research evidence regarding optimal duration of in-home service. The expected duration of service is usually related to the severity of the client's situation at case opening. While this is the major consideration, cost may also be a factor. For instance, day care services may be provided indefinitely, while specific time limits may be placed on homemaker service. Although the decision of when to terminate service is made by individual caseworkers and clients based on the unique circumstances of each case, a brief review of relevant literature regarding service duration for use in establishing agency objectives will be presented.

In Brief and Extended Casework,19/ Reid and Shyne suggest that for certain kinds of clientele, short-term casework is more effective than extended service. Families in crisis who seek help for inter-personal problems involving marital or parent/child conflicts have been shown to respond better to short-term goal-oriented service with specified time-limited objectives of 3-4 months. However, the study reported in Service to Children in Their Own Homes 20/ indicated that crisis-ridden families with "multiple and pressing problems" were more likely to attain service objectives when cases were open approximately one year.

Norman Polansky reports in Profile of Neglect that if a family shows no improvement after six months of treatment, ". . . the prognosis for eventual positive change is poor." Considering that six months is about the usual duration of a trial of treatment in protective service work, the major time objective in most in-home cases involving neglect would be expected to be not less than six months.21/ The Division of Family Services, Utah State Department of Social Services has established the objective that, "Seventy-five percent of all cases (in-home protective supervision) will be

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18/ E. Gambrill and K. Wiltse, "Foster Care: Prescriptions for Change," Public Welfare 32:3 (Summer 1974), pp. 39-47.

19/ W. Reid and A. Shyne, Brief and Extended Casework (New York: Columbia University Press, 1969).

20/ Sherman et al., Service to Children in Their Own Home.

21/ Polansky et al., Profile of Neglect, p. 40.

terminated within six months due to accomplishment of sufficient objectives."22/ Of the remaining clients, approximately 20 percent continue to receive service for longer than six months, while 5 percent are removed from their homes.

In a recent study completed by the U. S. General Accounting Office entitled More Can Be Learned and Done About the Well-Being of Children, children referred for protective service as a result of severe abuse or neglect were followed over a period of time. It was found that in approximately 75 percent of the cases, at least some progress had been made within 10 months.23/

Polansky warns that premature termination of service may be experienced as abandonment. Additionally, he points out that the new behavioral patterns cannot be expected to be stress-resistant until they have become habitual.24/ A gradual working through of the later phases of service rather than abrupt termination is indicated. Clients must be encouraged to feel free to contact the caseworker in the future should they feel the need.

It is clear from these conflicting findings that the establishment of arbitrary standards regarding duration of service to troubled families, where children may be at risk of placement out of their homes, is not realistic. While the literature frequently addresses the issue of premature termination, supervisors should also be aware that staff may sometimes be reluctant to close cases, which may be in neither the best interests of the client nor of the agency. An agency's own experience with its client population may offer the most useful evidence on which to establish guidelines to assist workers when making decisions regarding termination of service.

22/ Report on Alternatives for Families at Risk, p. 19.

23/ More Can Be Learned and Done About the Well-Being of Children (Washington, D. C.: General Accounting Office, April 9, 1976).

24/ Polansky et al., Profile of Neglect, p. 40.

III. RESOURCE DEVELOPMENT

The development of resources necessary to provide services to children and families in their own homes is often subject to severe fiscal constraints resulting from state level decisions. Local social service agencies may have little or no control over budget allocations or resource development activities. However, individual agency personnel have varying degrees of flexibility and freedom to work within the community to identify and develop additional resources. The following discussion provides examples of ways in which some agencies are working to develop additional resources to meet the demonstrated needs of children and their families.

It is preferable that efforts to obtain additional services to support in-home treatment decisions be the responsibility of a particular individual or unit within an agency. Recruitment of these services may involve two dimensions, one to find the services which are already available in the community, but perhaps not publicized, and the other to be active in advocacy and development of new services.

Additional opportunities to improve the range and availability of services may lie in areas less often explored by social service staff. A good public relations program is an essential part of this endeavor. An effective program involves liaison with the media and work with organizations in the community. Agencies with community advisory boards can often gain public support for needed services and resources through the efforts of committed board members.[25]

A. DAY CARE SERVICE

In addition to locating and obtaining day care service to match the individual needs of clients, agencies may wish to contact community and charity organizations and apprise them of the need to develop particular types of care. While a shortage of care may not be a problem, one of the most helpful services that can be offered is that of furnishing information to providers and parents regarding the existing child care resources in a community.

An example of such a service is the planned Child Care Resource Center of New Haven, Connecticut. Under municipal auspices, the Center is designed to perform the following major functions:

"1. Provide a complete, up-to-date listing of local child care providers, including hours of operation, availability of space, applicable economic criteria for enrollment, ages and types of children served, etc.

2. Establish and disseminate guidelines helpful in choosing a child care facility.

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[25] See K. McGilvray and R. Myers, "The Anatomy of a Child Welfare Board," Public Welfare 34:4 (Fall 1976), pp. 26-35.

3. Offer information and limited technical assistance to child care providers, including funding and grants information, available training courses and workshops.

4. Establish a job bank of employment openings in the field.

5. Establish a placement component to seek and match volunteers interested in day care to available slots.

6. Develop a lending library on child care designed to help both parents and providers."[26]

B. HOMEMAKER SERVICES

Homemaker service is essential to effective child welfare programs, but it is often in short supply. The lack of sufficient numbers of homemakers may be due to a perception of the homemaker's role as one of relatively low status in the eyes of the public as well as within the social work profession, and to the fact that child welfare agencies must often compete with other groups (i.e., convalescents, handicapped, and the aged) for homemakers already in short supply.[27]

If agencies rely on direct recruitment, their effort to recruit a sufficient number of homemkers should have the same priority as recruitment of foster homes. Agencies should utilize the most effective and influential media possible, including: newspapers, magazines, local newsletters, factory or business in-house publicity circulars, church bulletins, and, often most effectively, person-to-person contact by agency personnel. Many of the techniques discussed in the Foster Family Care Resource Section (Section V of this Manual) can be effective in recruiting homemakers. In addition, local agencies should consider the following strategies:

(1) Clarify the role of the homemaker as an integral member of a social service team;

  - differentiate the service from general housekeeping or chore service
  - raise salaries and improve benefits
  - recognize outstanding contributions to overall agency performance as well as to individual case outcomes
  - encourage participation in general staff meetings and case conferences

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[26] See C. DiTallo et al., "Day Care: Municipal Roles and Responsibilities," in Managing Human Services, eds. W. Anderson, B. Frieden, and M. Murphy (Washington, D. C.: International City Management Association, 1977), pp. 365-381.

[27] A. Kadushin, Child Welfare Service, p. 326. Also see T. Steeno, B. Moorehead, and J. Smits, "Homemakers as Change Agents," Social Casework 58:5 (May 1977), pp. 286-293 for a lucid discussion of the many issues involved in an agency's use of homemakers.

(2) Provide in-service training and staff development opportunities;28/

- individual conferences and supervision on the job
- opportunities for group discussion meetings with other homemakers
- courses pertaining to child care and development, family relations, home management, and the services of other social agencies and community resources
- specialized training for homemakers working with abuse or neglect cases

(3) Increase community awareness of the importance of homemaker service to the general welfare of children and the prevention of abuse, neglect, exploitation and delinquency. Publicity concerning the crucial role of homemakers in community welfare may effect a general raising of the status of homemakers and thus, an increase in the number of persons seeking such employment.

There is some disagreement over the advantages to be gained by utilizing homemakers who are well-trained professionals as opposed to less experienced and lower-priced homemakers. Mothers receiving AFDC, for example, have been recruited to fill positions as homemakers. In addition, Gertrude Goldberg reports on a community action program in New York City where indigenous homemakers who were familiar with the neighborhood, language, background, and lifestyle of families were able to form quick and firm relationships with them. According to the report:

> "...[The indigenous homemakers] were untrained, but they were not unskilled. They had considerable ability to cope with their environment, and therefore much to offer clients who were less resourceful than they. They knew how to live on a low income, how to stretch leftovers, how to use surplus foods (including powdered skim milk and canned meat, which must have the preservative removed before it is edible), where to buy inexpensive material, and how to sew an attractive garment with it, how to recognize a bargain. They knew which detergents would best clean an icebox or a stove and which made sense on a low income. They knew their neighborhood, which stores were good, and where bargains could be found. They also had learned how to deal with the local merchants. They were familiar with the neighborhood and they could show a client how to fend with these institutions, not in the manner of a professional, who relies partly on the agency's power and partly on his polish, but the way a lower-class person does it for himself. Most of them had taken care of a large family and had planned their schedules well enough to have some time for themselves. They were both skilled and experienced in caring for young children."29/

28/ A training manual for homemakers may be obtained from: National Council Homemaker-Home Health Aide Service, Inc., 67 Irving Place, 6th Floor, New York, N.Y. 10003, (212) 674-4990. Cost is $6.00.

29/ G. Goldberg, "Nonprofessional Helpers: The Visiting Homemakers," in Community Action Against Poverty, eds. G. Brager and F. Purcell (West Haven, Connecticut: New Haven College and University Press, 1967), p. 191.

Analysis of the comparative costs of homemaker service from different agencies must take into consideration not only the hourly rate but the average cost per case. Agencies with less stringent standards (particularly in the area of supervision and training) can often offer service at a lower hourly rate. However, a higher level of supervision and professional services may make possible more frequent and thorough review of the needs of the clients resulting in more effective service, as well as more expeditious terminations. The issue of the varying costs of homemaker service is illustrated in Table I below. These costs were presented to the Social Services Commission in San Francisco on November 20, 1974.[30]

TABLE I

	AGENCY			
	A	B	C	D
Contract Rate Per Hour	$6.00	$7.00	$6.00	$7.75
Average Paid hours per case (per month)	32.41	26.69	29.65	21.00
Average cost per case (per month)	$194.46	$186.86	$177.91	$162.77

Thus, a lower hourly rate can be deceptive in that it does not necessarily imply a lower average homemaker cost per case.

C. VOLUNTEER SERVICES

Volunteers can often be obtained to expand needed in-home services in the absence of adequate funding. Volunteer programs have proven to be an effective means of adding new dimensions to agency services and reflecting community concerns. Volunteers are increasingly and successfully acting as "lay therapists" to abusing and neglecting parents, providing the trusting supportive relationships that facilitate positive change.[31] Often agencies, and sometimes coalititions of agencies, delegate responsibility for coordinating volunteers to a paid staff member who then organizes and supervises the volunteer workers. In addition to establishing an individualized relationship with a client, volunteers can provide transportation, clerical support, tutoring service, and assistance with support groups, education programs, and fund raising activities.

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[30] U. S. Congress, Senate, Subcommittee on Long Term Care; and House, Subcommittee on Health and Long Term Care, Testimony by H. Hall, October 28, 1975. (Mimeographed.)

[31] See A. Karlshruher, "The Nonprofessional As a Psychotherapeutic Agent," American Journal of Community Psychology 2:1 (January 1974), pp. 61-77. Also see C. Kempe and R. Helfer, "Innotative Therapeutic Approaches," in Helping the Battered Child and His Family, eds. C. Kempe and R. Helfer (Philadelphia: J. B. Lippincott Co., 1972) pp. 41-54.

Under the auspices of Suspected Child Abuse and Neglect Volunteer Services, Inc., (SCAN), a private agency under contract with the Arkansas State Department of Social Servides, 200 lay therapists work with about 550 cases in 10 counties throughout Arkansas. The agency is funded through a combination of federal and local sources. Volunteers in the program receive three days of intensive training before becoming "lay therapists." They also attend weekly conferences and are supervised by professional staff. The agency reports that most of the families served by this program have made progress and that there has been little recurrence of abuse or neglect. More information on this program can be obtained from:

SCAN Service, Inc.
Little Rock, Arkansas
(501) 371-2773

or from the Children's Bureau, (202) 755-7740 in Washington, D.C.

IV. SPECIAL PROGRAMS

A. CHILD WELFARE RESOURCE INFORMATION EXCHANGE

Although child welfare research and demonstration projects are being conducted and evaluated in local agencies throughout the country, there have often been few mechanisms for dissemination of results and descriptions of successful programs. The National Center for Child Advocacy (Children's Bureau, DHEW) supports research, demonstration and training programs, and provides technical assistance to state and local agencies to increase and improve child welfare services. One of their projects, The Child Welfare Resource Information Exchange (CWRIE), is a source for materials on exemplary programs, curricula, technologies, and methods which have brought more effective and efficient services to children. Information is available on programs which agencies can use to improve services to:

- children and youth in placement
- children vulnerable to inadequate early child rearing
- children in the juvenile justice system
- children vulnerable to delinquency
- children and youth vulnerable to or exposed to abuse, neglect or dependency
- emotionally disturbed children and youth
- children and youth with developmental disabilities
- children and youth with physical disabilities
- teenage parents

The CWRE disseminates information through EXCHANGE (a monthly bulletin), regional workshops, colloquia, and one national meeting. The CWRIE will offer limited direct assistance to agencies which request help to install a program the EXCHANGE has documented. The CWRIE is funded by the Children's Bureau and operated under the auspices of Mott-McDonald Associates, Inc. The CWRIE can be contactd at:

Suite 501
2011 Eye Street, N. W.
Washington, D.C. 20006
(202) 331-0028

Further information may also be obtained from the Children's Bureau, at (202) 755-7816, in Washington, D.C.

B. FOSTER CARE DIVERSION PROJECTS

A major objective of in-home service is to prevent the placement of children in foster care and the disintegration of families. In addition to their preventive focus, the following programs provide corrective services.

1. Lower East Side Family Union

Located in the Lower East Side of New York City, the Family Union keeps families together by helping them use existing agencies and services. Four teams, located in different areas, work toward solving the problems of families in crisis. Three teams are organized with a team leader, five social work associates, six homemakers, and a clerk-typist. The social work associates coordinate services to clients, make up family service contracts and monitor them. The homemakers relieve the immediate physical demands on families by baby-sitting, cooking, performing housekeeping tasks, and accompanying family members to service agencies. They also instruct parents in household skills, managing their money, nutrition, and child rearing. The fourth team concentrates on community organization, finding ways to strengthen neighborhood cohesion and agency cooperation. Family Union workers, with the exception of team leaders, are recruited from the communities in which they work. Training sessions for all team members are conducted once a week.

Although the program has not been formally evaluated, data gathered on the 390 families counseled during 1976 shows that 141 families had the same characteristics as families with children in foster care. However, only 10 of the families receiving services from the Family Union had children placed, with most of these being short-term placements of only a few months. The program was administered at an average cost per family, per year, of $1,200 to $1,500.32/

A comprehensive annual report and in-depth description of the program can be obtained from:

Lower East Side Family Union
91 Canal Street, New
York, N.Y. 10002
Price: $10.00.

2. Homebuilders

A project of the U. S. Children's Bureau and the Catholic Community Services of Tacoma, Washington, Homebuilders provides intensive, six-week in-home treatment to families whose adolescents are in danger of placement outside the home. Two teams of therapists use various techniques--Parent Effectiveness Training, behavior modification, assertiveness training, values clarification, fair fight techniques, and Rational Emotive Therapy. Therapists are limited to no more than two new cases a month, and usually only have three families at a time on their caseloads. Family members are given their therapist's home phone numbers and are encouraged to call between treatment sessions if necessary.

Since the beginning of its operation in October 1974, Homebuilders has served 119 families, including 88 children for whom the possibility of out-of-home care was imminent. Need for placement was averted in 92 percent of the cases. Follow-up indicated that 96 percent of those potential placements have stayed in their natural homes.33/ Homebuilders staff provide information and

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32/ See. S. Bush, "A Family-Help Program that Really Works," Psychology Today 10:12 (May 1977), p. 48.

33/ Reported in Case Record 1:3 (August 1977) Portland, Oregon: Regional Research Institute for Human Services, Portland State University.

consultation to others wishing to initiate similar programs. For more information contact:

Dr. Jill Kinney, Director
Family Crisis Program
Catholic Children's Services of Tacoma
5410 North 44th Street
Tacoma, Washington 98407
(206) 752-2455

Further information may also be obtained from:

The Children's Bureau (DHEW)
(202) 755-7447

3. Focus on Families

The Division of Family Services of the Utah State Department of Social Services is implementing a demonstration project called "Focus on Families" to prevent placement and strengthen families through intensive coordinated service. The Project is an effort to refocus services and demonstrate the cost-effectiveness of early intervention. It is hoped that the project will encourage reallocation of foster care monies to public programs which stress early delivery of services to children and parents in their own homes.

To initiate the required change in administrative focus, the project first identifies families at risk of placement before placement becomes the only alternative. Following an in-depth assessment of the family, a service contract is formulated based on agreed-upon needs. Project staff then provide intensive services and coordinate community services which the family requires. Drawn from the agency target population, families receive any needed agency service including purchased services. Crisis services are offered as needed, but the provision of concrete services such as day care, teaching homemakers, and education and counseling for parents is stressed. A major project objective is to enable families eventually to be able to solve their own problems, to know and use the resources they need to reduce dependency on the project staff, and to enable them to act as sources of information for other families they know who are in crisis situations.

The project staff maintains open communication with everyone in the child welfare area at both the local agency and state levels regarding the progress of the project. In this way the entire agency may shift its attention from placement to prevention. For further information contact:

Jim Walles, Assistant Director of
Child Welfare Services
Division of Family Services
District 2B Office
3195 South Main Street
Salt Lake City, Utah 84115

C. DELINQUENCY DIVERSION PROJECTS

The problems of troubled adolescents who come to the attention of social service agencies pose a distinct challenge to the child welfare system. At the national level, the Juvenile Justice and Delinquency Prevention Act supports diversion of youngsters labeled status offenders, (e.g. those in need of supervision, beyond parental control, habitually truant, and runaways) from the juvenile justice system. Agencies face multiple problems in developing and maintaining community based foster care facilities for these clients. Program alternatives should be provided to keep these young people at home and to address the problems which are related to their socially unacceptable behaviors. Agencies must be able to respond quickly to emergencies and accurately determine which youngsters are in need of short-term or long-term placement, and which crises have the potential of being resolved through in-home service.

1. Sacramento County Diversion Project

One of the most significant diversion projects has been the Sacramento County Diversion Project funded by LEAA. The key feature of the project has been the provision of immediate, intensive family counseling rather than provision of more extended uncoordinated services. The focus has been on counseling and short-term alternative placements while crises are being worked through. With the support of 24-hour, seven-day-a-week telephone crisis service, the project emphasizes accomplishing as much as possible within a short period of time, usually no more than three months.

Data collected from project cases and from a control group indicated that project cases were referred to court much less frequently than control group cases, 2.2 percent and 21.3 percent respectively. Overnight detention was also dramatically reduced--only 10 percent of the project cases were placed in overnight detention, compared with 60 percent of the control cases. Preliminary analysis of the project data indicate that these results were achieved at an overall cost no greater than that required for regular processing of cases.[34]

A detailed manual describing the organization and operation of the project, how it can be implemented in other communities, and the training needed by counselors is available. Entitled Juvenile Diversion Through Family Counseling, An Exemplary Project, by R. Baron and F. Feeney, it may be obtained from:

Superintendent of Documents
U. S. Government Printing Office
Washington, D.C. 20402

(Stock #027-000-00371-1. Price $2.00.)

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[34] P. Nejelki, "Diversion: The Promise and the Danger," Crime and Delinquency 20:4 (October 1974), pp. 400, 403.

2. Urbana and Champaign Adolescent Diversion Project

Organized and implemented by the Community Psychology Action Center of the University of Illinois, this project involved coordination between law enforcement personnel, students, teachers, social workers and families in an effort to divert youngsters from the juvenile justice system. Objectives of the project were: (1) to provide intensive counseling and social work assistance to troubled adolescents at the point of police contact. (2) to provide practical experience in crisis intervention techniques to undergraduate and graduate students at the University of Illinois through involvement in the service delivery process. (3) to deliver services within the structure of a carefully controlled experimental research design in order to learn more about the causes and treatment of juvenile delinquency.

Following six weeks of intensive training, students were assigned to work one-to-one with youngsters. Half of the students used behavioral contracting, monitoring and mediating written contractual agreements between the youth and his parents and teachers. The other group used child advocacy methods and personally intervened to ensure the rights of their clients when they faced crises such as suspension from school. Both techniques were successful in reducing the number and severity of court petitions and police contacts during and after the intervention period, and school attendance improved for both groups.[35]

This project was also designated exemplary by the National Institute of Law Enforcement and Criminal Justice. More information may be obtained in the publication: The Adolescent Diversion Project: A University's Approach to Delinquency Prevention, by Seidman and Rappaport. Order from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

(Stock #027-000-00471-7. Price: $2.00.)

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[35] Reported in EXCHANGE, 1:1 (July 1977) Washington, D. C.: Child Welfare Resource Information Exchange.

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V. FOSTER FAMILY CARE

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FOSTER FAMILY CARE RESOURCE SECTION

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I. THE SELECTION PROCESS FOR FOSTER PARENTS

The ability to identify and select foster families who possess good parenting skills and who show a genuine concern for children in need of foster care is an important responsibility and task for foster care agencies. Recent research studies have identified characteristics which appear to be reliable determinants in identifying and predicting a promising or potentially successful placement.

A. CAUTLEY AND ALDRIDGE STUDY

1. Methodology

Cautley and Aldridge [1] conducted a six year study to identify characteristics of foster care applicants which might predict their relative potential for success in caring for school age children between the ages of six and twelve. Thirty-eight social service agencies referred 1,102 applicant families to the project. Of these applicants, 87 percent of the families were interviewed individually, both husband and wife, by a specially trained staff of interviewers who tape recorded the entire process. Six out of every ten of these families were eventually accepted by the agencies for foster care. By the end of this part of the data collection period, most of the families either had placements made in their homes or were being considered for them. Of these, 145 placements of 6 and 12 year old children were available for study.

Each of these placements was followed for 18 months or until termination, if that occurred sooner. Periodic interviews were conducted both with the foster parents and with the social workers supervising the placements. The first interview with the foster mother was held during the fifth week of placement, and additional interviews were conducted with each foster mother and father when the placement had lasted three months, six months, and eighteen months.

A 20 percent random sample of 30 families selected from the total of 145 were not contacted after the placement was made, to test possible effects of repeated interviewing on the placements. In addition, one interview was held with the social workers supervising these placements. This group of 30 placements did not differ in outcome from the group studied having repeated interviews; therefore, the researchers concluded that the interviewing itself did not influence the placements significantly.

The social worker supervising each placement evaluated it in terms of how well it was working out. To evaluate the placements, global success ratings were made of the foster mother, and a composite rating was developed from specific information regarding the effectiveness of the foster parents in handling each of the foster child's major problems. Success ratings were also made by research staff who analyzed the foster parent interviews of each foster mother and father. The separate ratings for the foster mother and foster father were combined to describe the couple.

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[1] P. Cautley and M. Aldridge, Predictors of Success in Foster Family Care (Madison, Wisconsin: Department of Health and Social Services, 1973).

2. Findings: Factors Contributing to a Successful Placement

Based on a detailed study of the information obtained in the initial interviews, the researchers found a number of characteristics which, when considered together, are reliable determinants in identifying with a fair degree of accuracy, a "more successful" placement. They found that the following factors contributed to the prediction of successful placements. These factors should be considered as guides, rather than as fixed requirements.

"1. Length of time spent by the social worker in preparation for the placement and also the inclusion of the foster father in the preparation.

2. A relatively experienced social worker making the placement, as contrasted with one having less than one year of experience.

3. If the foster child is the youngest in the age group of children in the home.

4. If there are no pre-school children in the foster home.

5. If the agency has relatively limited legal responsibility for the child. It was found that the relatively less legal involvement of the agency (i.e., the natural parents retaining parental rights or the agency having only short term custody), the more likely the placement to succeed.

6. Foster parents who have grown up in families with a number of siblings. If the foster mother has been among the older children in her family and if the foster father has not been an only or oldest child,

7. If the foster mother has had experience consisting of several weeks care of a child not her own.

8. The prospective foster father who describes his own father as affectionate towards him, and who expresses warmth in talking about his father.

9. The prospective foster father's description of the degree of formal religiosity shown by both his parents is significant, with a high degree of formal religiosity negatively related to success.

10. The prospective foster father's favorable attitude toward a social worker's supervision is positively related to success.

11. Several scores based on the prospective foster parent's skill in handling of hypothetical behavior situations and behavior problems are related to success.

12. The prospective foster father's indication of a child-centered, rather than a self-centered attitude in talking about what he thinks will be difficult in foster care.

13. The prospective foster father's report of a democratic family structure. (Joint decision-making between foster father and mother)."2/

"It is important to keep in mind that no single characteristic by itself is of any help in identifying a 'promising' foster parent. A considerable number of characteristics must be considered together in any attempt to do this."3/ These data, when considered with available information on the foster child and social worker evaluations, were found to be reliable predictors of success.

B. MANUAL FOR HOMEFINDERS, THE SELECTION OF FOSTER PARENTS

The findings of the Cautley and Aldridge study provided the basis for formulation of specific interview guidelines to assist homefinders in making decisions about the selection of successful foster parents for school age children between 6 and 12 years old. The guidelines are presented in Manual for Homefinders, The Selection of Foster Parents, developed by Cautley and Lichstein.4/ The manual contains a description of interview methods, specific interview schedules, and instructions for coding the interview responses and using additonal information to identify promising placements. In addition, sample forms are included for use as a guide.

Each husband and wife applying for foster care is interviewed individually. Their responses are then coded or classified on a continuum ranging from 1 to 5 or 1 to 7, with the highest number being the most desirable answer. In addition, information available at the time of decision regarding a specific placement can add to the prediction of success. A summary form, which is used to summarize interviews and the additional information, is provided. The summary form is used to record the way in which interview questions have been coded. Codes are transferred into weights, which are then added together to give a total score for each applicant couple. Cautley and Lichstein have actually gone through all the steps described in the manual with a substantial sample of all the interviews, in order to verify the utility of this adaptation of the findings.

C. KRAUS STUDY

A similar study conducted by Kraus found that prediction tables could be used to eliminate potential foster homes that have a low probability for successful outcome.5/ The study contains: (1) an investigation of the relationship between selected characteristics of children and foster parents, and the success of foster home placements, (2) a taxonomy of children and foster parents based on these characteristics, and (3) experience tables that

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2/ Ibid., pp. iii-iv.

3/ P. Cautley and D. Lichstein, Manual for Homefinders, The Selection of Foster Parents (Madison, Wisconsin: University of Wisconsin Extension, 1974), p. 1.

4/ The Manual for Homefinders can be obtained by writing: Center for Social Service, University of Wisconsin Extension, 610 Langdon St., Madison, Wisconsin 53706. Price: $3.00.

5/ J. Kraus, "Predicting Success of Foster Placements for School Age Children," Social Work 16:1 (January 1971), pp. 63-72.

could be used as guidelines for successful matching of children with foster parents.

1. Methodology

The sample consisted of 214 children, 6 years of age or older, who were in their first foster placement, had no siblings living in the same foster home, and had been living in the foster home for at least 24 months. These 214 placements consisted of 172 placements in foster homes and 42 placements with relatives acting as foster parents. The size of the sample decreased to 157, because of the return of 15 children to their natural parents before the 24 months had elapsed. In this group, 79 placements lasted for at least 24 months and thus were classified as successful. Seventy-eight placements terminated before 24 months had elapsed and were classified as failures.[6] In this study success was defined as a foster placement which lasted two years. The relationship of characteristics of children and foster parents to successful placements was analyzed statistically. Overall chi-squares were calculated for contingency tables and when appropriate, the chi-squares were partitioned into components.

2. Findings

The findings, compatible with those of Cautley and Aldridge, indicate that a successful placement does not depend on the presence of a single characteristic but on the interaction of a number of them. The final matrix (included in the Kraus article) allowed predictions to be made using the most typical combinations of four or five variables simultaneously.

D. STANDARDS FOR SELECTING FOSTER HOMES

In addition to identifying those foster parent characteristics that can be used in assessing their potential for success, a set of objective criteria for improving foster family services have been formulated by both the American Public Welfare Association (APWA) and the Child Welfare League of America (CWLA). Standards for Foster Family Services Systems, developed under a Children's Bureau contract, can be obtained by writing:

The American Public Welfare Association
1155 Sixteenth St., N.W., Suite 201
Washington, D.C.

Child Welfare League of America Standards for Foster Family Care Service (CWLA Order Code Number F-22) can be obtained from:

Child Welfare League of America
67 Irving Place
New York, New York 10003

The cost is $5.00.

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[6] Ibid.

II. RELIABLE RECRUITMENT TECHNIQUES

Although having a reliable process for selecting "good" foster homes is crucial, the agency must establish and maintain an effective recruitment program to assure that there is an adequate supply of homes. Recruitment through the combined use of agency staff, foster parents, and community resources has been used as a successful technique. Methods found to be useful in recruiting foster homes are presented in this section. APWA standards for recruitment are also presented.

A. VICK RECRUITMENT STUDY

A critical issue for agencies attempting to increase their foster home resources seems to be how to reach and motivate prospective foster parents. A practical approach based on an effective and productive recruitment program used in New York City is outlined by Vick.[7] Listed below are five points to be considered in the recruitment of foster homes.

"1. Foster home recruitment activities must be conducted on a continuous rather than sporadic basis.

2. Recruitment must be planned for on a yearly basis. The agency must lay out on a month-by-month schedule the various publicity activities it plans to conduct during the year ahead.

3. Publicity should not be limited to the use of one or two media if maximum effectiveness is to be achieved.

4. Recruitment themes should be timely and personalized.

5. The agency must be staffed to provide immediate follow-up on each inquiry as it is received."[8]

Vick advocates the use of public relations experts to plan the advertising layout and use of various media. Long range recruitment efforts, such as constant exposure and appeals about the need for foster parents, must be made over a period of time. In addition, appeals conveying a sense of agency desperation should be avoided.

B. APWA RECRUITMENT STANDARDS

The previously mentioned APWA document, Standards For Foster Family Care, presents standards for improving the quality of foster family services systems. Included are guidelines for implementation which specifically relate to the administrative structure and service provisions of public agencies.

The manual contains two levels of standards for recruitment, selection, development and retention of foster homes: (1) basic standards, which would reflect a level of performance below which services are questionable; and (2) goal standards, which represent an optimal level of performance which public agencies can work toward meeting within a specified period of time. The manual indicates that it is necessary for basic standards to be met prior to meeting goal standards.

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[7] J. Vick. "Recruiting and Retaining Foster Homes," Public Welfare 25:3 (July 1967), pp. 229-234.
[8] Ibid., p. 230.

The standards for recruitment offer guidelines for implementation to be used by the agency in establishing a continuous recruitment program. Listed below are examples of the two types of standards given by APWA for recruitment.

BASIC STANDARDS FOR RECRUITMENT

"A realistic and challenging year-round recruitment effort shall be maintained to develop foster family homes which will appropriately provide for each child's needs.

1. Recruitment program shall be based on--

   a. Agency's regularly assessed need.
   b. Characteristics of children needing placement.
   c. Geographic distribution of unmet needs (rural, urban and suburban).
   d. New information based on validated research and practice.
   e. Socioeconomic changes.
   f. Evaluation by public relations, social service, and foster parent staff of effectiveness as demonstrated by approval rate.

2. Publicity

The recruitment program shall utilize at least some of the following:

   a. Brochures and pamphlets.
   b. Speeches.
   c. Posters.
   d. Meetings, including recognition events, etc.
   e. Neighborhood one-to-one contacts by foster parents and others.
   f. Utilization of trained foster parent(s) and volunteers in recruitment and screening of applicants.

3. Content

Recruitment program shall realistically delineate the foster family abilities needed for--

   a. Adolescents.
   b. Infants available for adoption.
   c. Sibling groups.
   d. Children with physical disabilities.

   e. Mentally-retarded children.
   f. Emotionally-deprived and disturbed children.
   g. Other identifiable groups in need of services."9/

GOAL STANDARDS FOR RECRUITMENT

"The Agency shall establish and implement a continuous recruitment program directed by an advisory committee composed of foster parents, social work staffs of public and voluntary agencies, and public relations experts. A staff member shall be designated to coordinate and organize recruitment efforts and shall secure the assistance of foster parents, foster parent organizations, and foster children in recruitment efforts. Agency shall utilize on an annual basis almost all of the following:

1. Publicity--
   - a. Articles in newspapers, including industrial publications.
   - b. Mobile units in neighborhoods, fairs, etc.
   - c. Leaflets.
   - d. Regular, planned door-to-door solicitations by foster parents and others.
   - e. Speakers bureau and shopping center exhibits.
2. The securing of a budget sufficient for expanded recruitment efforts.
3. A recruitment plan which shall include--
   - a. Recruitment on a continuous basis all year.
   - b. Cooperation and sponsorship with other agencies, when indicated.
   - c. Effective portrayal of challenges and satisfactions.
   - d. Open telephones manned by trained volunteers, etc., during publicity campaigns.
   - e. Interviews or group meetings with possible applicants within one week.
   - f. Study--evaluation process to begin within ten working days after application received.
   - g. Report back to the community on the results."10/

9/ Standards for Foster Family Services Systems (Washington, D.C.: American Public Welfare Association, 1975), pp. 48-50.

10/ Ibid., pp. 43-44.

III. RECRUITING MINORITY FOSTER FAMILIES

According to APWA Standards, "special efforts shall be made to recruit foster family homes in minority groups in proportion to minority children needing service."11/ Efforts should include:

(1) Outreach use of active minority foster parents for interviews;

(2) Unusual help and support with improving housing, meeting licensing standards, etc. for minority applicants who are otherwise suitable as foster parents;

(3) Adequate number of minority staff to reflect ethnic balance of the community.

(4) Use of particular facilities or media for recruitment publicity likely to reach the greatest number of potential minority applicants in any given community.

A. THE ST. DOMINICS EXPERIMENT

An experiment by St. Dominics, a child-care agency in Blauvett, New York, illustrates an innovative and successful minority recruitment program.12/ The agency opened an office in a New York City ghetto neighborhood in August 1967, based on the assumption that good homes could be found in ghettos for minority-group foster children.

The neighborhood chosen for recruitment was a poverty area inhabited predominantly by Puerto Rican Americans. Staff for the office were sought who could understand the language, cultures, and traditions of the neighborhood. An initial survey of the area identified the Catholic Church as a focal point of neighborhood activity, therefore the church was selected as the site for intensive recruiting.

The result of this approach was that approximately 32 percent of the initial applicants met the agency's standards and were accepted as foster parents. Part of the success was attributed to the fact that a permanent office established within this ghetto community, lessened the fears and hostilities of potential applicants. Other positive factors included staff's fluency in Spanish and knowledge of the Latin-American milieu. Also, in this particular neighborhood, the best recruiters turned out to be the foster parents themselves.

B. EPISCOPAL COMMUNITY SERVICES PROJECT

Jaffee and Kline 13/ describe a pilot project of the Episcopal Community Services Agency of New Orleans. The agency paid foster parents a fee in order

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11/ Ibid., p. 56.

12/ P. Garber et al., "The Ghetto as a Source of Foster Homes," Child Welfare 49:5 (May 1970), pp. 246-251.

13/ B. Jaffee and D. Kline, New Payment Patterns and the Foster Parent Role (New York: Child Welfare League of America, 1970).

to determine the effect of fee payment on recruitment of families for long-term foster homes for black children. The conditions established for this program were:

1. A salary of $200 a month and fringe benefits were paid to foster parents recruited as full agency employees to provide long-term foster care for children who are unlikely to return to their families.

2. Only applicants with current or recent employment experience and without previous foster care experience were considered.

3. Foster mothers engaged in a group staff in-service training program and individual supervision.

4. Casework service was provided for the foster children.

5. Screening qualifications included:

    a. A stable marriage (no singles considered).
    b. A well-established home.
    c. An employed wife whose income was supplementary and who was willing to terminate her outside employment.
    d. A husband who had stable employment and was able to provide adequate basic support for the family.
    e. An age range of 30-56.
    f. Experience in rearing children.

The recruitment method did not use public communications media. Caseworkers explained the program to various groups, such as churches and other community groups and subsequent meetings were held with those individuals showing further interest. Other recruitment efforts were limited to contacts with selected community leaders who would be valuable in reaching a wider audience by word of mouth.

The combined conditions in this experiment were successful in recruiting black foster parents not ordinarily available through traditional programs. The qualifications of the foster parents were evaluated by Jaffee and Kline to be such that the prognosis for a successful outcome of the placement for each child was substantially improved; however, no conclusive evidence was given to substantiate the prediction of success.

To effectively recruit a sufficient supply of foster homes the previously mentioned suggestions could be adopted. Community resources and influential social institutions must not be overlooked, as they prove to be valuable in the recruitment effort. In addition, current foster parents are valuable in recruiting and explaining various aspects of foster parenthood to prospective foster parents.

Similar recruitment efforts have been used in recruiting minority applicants for adoption. The Children's Bureau funds two projects, the National Urban League Inter-Agency Adoption Project and the NAACP Tri-State Adoption

Project, both of which focus on the recruitment of minority applicants for adoption. These projects are described in the Adoption Services Resource Section on Adoptive Placement of Minority Children.

Further information can be obtained by writing:

National Urban League
Inter-Agency Adoption Project
500 East 62nd Street
New York, New York 10021
(212) 644-6508

NAACP Tri-State Adoption Project
970 Hunter Street, Southwest
Suite 203
Atlanta, Georgia 30314
(404) 522-4373

IV. SCREENING FOSTER FAMILY APPLICANTS

Both the CWLA and the APWA emphasize the importance of early recognition of any obvious disqualifying factors in order to avoid unnecessary emotional involvement and expenditure of time for agency and applicants. The agency should begin screening applicants as soon as the initial contact with the agency is made, to determine eligibility in terms of agency requirements.[14]

Some innovative approaches to initial screening have been used with success, and they offer alternatives to the traditional time-consuming method of private interviews. For example, in the group interview procedure, group sessions are designed to educate interested couples regarding foster care and to enable the agency to see a large number of applicants in the early phases of screening. In addition, the group interview gives the worker an opportunity to observe the interpersonal skills of individuals and couples.

Gross and Bussard [15] suggest a method which consists of four parts: publicity, introductory meetings, a series of six group meetings, and an individual appointment with the caseworker. Following media publicity, introductory group meetings were set up for every seven or eight couples expressing interest. These meetings were followed by a series of six, two-hour group sessions which were structured to encourage discussion. At the end of the meetings couples evaluated the experience, and those couples expressing an interest in applying as foster parents were interviewed individually by a caseworker.

The results of this method showed that twelve of the twenty-two couples who expressed interest attended the introductory group meetings. Of these twelve, six couples began the series of educational meetings. Two couples dropped out of the group, but the other four couples continued throughout the series and wanted to apply for a foster child. By the conclusion of the group sessions, the agency knew enough about each couple to assess adequately their ability to be foster parents. The social workers determined that one of the four couples was not appropriate, and also knew which child they wanted to place in the remaining three homes.

Introductory group meetings were valuable in screening out a large number of unsuitable persons who might otherwise have been interviewed individually. Similarly, Wolins [16] has viewed the ideal recruitment situation as one in which the agency can somehow determine prior to formal application, whether or not a home is potentially usable. Group meetings may encourage desirable applicants and dissuade undesirable ones. Pre-recruitment screening in groups would enable an agency to spend less worker time in private screening and to invest a greater proportion of its resources in recruitment and home study.

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[14] Child Welfare League of America Standards for Foster Family Service (New York: Child Welfare League of America, 1975).

[15] P. Gross and F. Bussard, "A Group Method for Finding and Developing Foster Homes," Child Welfare 49:9 (November 1970), pp. 521-524.

[16] M. Wolins, Selecting Foster Parents (New York: Columbia University Press, 1963.)

V. PREPARATION FOR PLACEMENT

Adequately preparing the child and the prospective foster parents for the planned placement is another essential step in the placement process. Knowing what to expect from a placement can contribute to its overall success. However, it is understandable that a large percentage of foster placements are of an emergency nature allowing for only minimal, if any, preplacement preparation of the child and foster parents. When social workers are able to do so, placement preparation should be an integral part of placement.

In the previously mentioned study by Cautley and Aldridge, an important variable was: "Is there evidence that the amount of help and attention given by the social worker makes a difference in the outcome of these placements in new homes?" Results of the study substantiate that the extent of preparation given by the social worker is likely to affect the outcome. Preplacement visits were found to be very important in effecting a successful placement. According to the study, "the placements where the worker had arranged a preplacement visit were more likely to be successful than were those where the children had not visited the home before the placement."17/

A. WORKING WITH THE CHILD IN PREPARATION FOR PLACEMENT

Child Welfare League of America Standards for Foster Family Service include a section on social work with the child, in preparation for placement. These standards can be used by agencies to appraise and improve their services.

The CWLA Standards state that, "the child should participate in the intake process and in the decision that placement is appropriate, to the extent determined by his age, maturity, adjustment, and the nature of family relationships and circumstances necessitating placement."18/

There seems to be no specific age determined most appropriate for including a child in the planning process for placement. Most authors agree that the extent of involvement is contingent upon the developmental level and readiness of the child, which will vary from child to child depending upon his past experiences and maturity.19/ There is consensus, however, that preparation for placement should be adapted to the child's individual needs. These needs should be determined by the social worker handling the placement.

It has been determined that a child as young as two years old understands and needs preparation in order to deal effectively with the trauma of separation (Charney, Glickman, and Pollock). However, for the older child no specific guidelines according to age have been established; rather the decision is ultimately based on the maturity and intellectual level of the child.

17/ M. Aldridge, P. Cautley, and D. Lichstein, Guidelines for Placement Workers (Madison, Wisconsin: University of Wisconsin, 1974), p. 7.

18/ CWLA Standards for Foster Family Service, p. 39.

19/ For example, see: J. Charney, The Art of Child Placement (Minneapolis: University of Minnesota Press, 1966); E. Glickman, Child Placement Through Clinically Oriented Casework (New York: Columbia University Press, 1966); and J. Pollock, "Preplacement Treatment in Foster Care," in Foster Care in Question, ed. Helen Stone (New York: Child Welfare League of America), pp. 82-91.

The CWLA Standards suggest that preparation for placement will vary with each child, and should be adapted to his or her age, experience, individual needs, personality and circumstances necessitating placement, as well as any special problems presented by the prospect of placement. Timing of the placement process also varies and should be adapted to the child's acceptance level and readiness. It is suggested that the child take some personal possessions with him or her, if possible, as this may facilitate his or her coping with the unfamiliar situation.

According to CWLA Standards, the following essential steps should be carried out wherever possible:

- "Prior to the placement, a relationship should be established between the child and the social worker who will carry responsibility for him during the placement. This may involve several interviews between the worker and the child, and require varying periods of time. With the younger child, preparation may be carried out through play and may include the foster parents who will care for the child.

- The worker should encourage and assist the child to express his overt and inner feelings about the change as much as he is able, so that the child does not use up his energy in anxiety and stress in a way that interferes with his ability to relate to foster parents or to use the opportunities of the new situation. In these interviews it is important to accept his feelings, both positive and negative, about his own parents or other caretakers, and to maintain an objective, accepting attitude toward the parent and other family members.

- Visiting the foster home in advance of placement will help the child - even the very young child - prepare for the new situation by providing some familiarity with what is to come. Such visits should be planned in accordance with the age of the child."[20]

Although time constaints may prevent a worker from achieving all of the aforementioned steps, best practice suggests that workers strive for as much of the ideal as possible.

B. WORKING WITH FOSTER PARENTS

In addition to adequately preparing the child for placement, it is equally important that the social worker prepare the foster parents for the child. The extent to which information is shared with foster parents prior to the placement of the child is related to the success or failure of a placement. It has been reported that,

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20/ Child Welfare League of America Standards for Foster Family Service, p. 41.

> "... those placements where the worker had talked to both the foster parents at least twice for a total of at least three hours were more likely to work out better than were those in which the worker had had only one contact for less than an hour with the foster parents or the few cases in which the worker had had no contact with the foster parents."21/

1. Including Foster Fathers in Preplacement Contacts

It is equally desirable for the foster father, as well as the foster mother, to be included in placement contacts. Foster fathers are frequently overlooked by workers; therefore, it is suggested that the foster father be informed of agency policy and receive adequate preparation for the foster child. It is important to talk with foster fathers early in the placement, and efforts should be made to arrange evening or weekend contacts. Since the foster father is an integral part of the placement, his feelings about the placement also need to be solicited.

2. Assisting Foster Parents in Understanding the Foster Child

Workers can help foster parents to better understand the child, which in turn can affect the way parents interact with the child. According to Cautley, Aldridge and Lichstein, parents are especially open to information about the child early in the placement and want to understand him better.

The worker should cover topics that can assist foster parents in understanding the foster child and his adjustment to the foster placement. The foster parents should be told of the circumstances leading to the child's placement and should be given some information regarding the background of the child. This should be done to the extent necessary, while also preserving confidentiality of the natural parents to the extent possible. Particularly important is discussion of how the child can be helped to understand the reason for the placement. The child's possible reactions to placement should be explained, as well as the reasons why a child may fantasize about his/her own family members. Foster families also should be prepared for their possible contacts with natural family members.

C. GENERAL PREPLACEMENT GUIDELINES

Guidelines for Placement Workers 22/ is a handbook of information developed to aid social workers supervising foster home placements. The guidelines can be used to assist the worker in providing all necessary preplacement information to the foster parents. The handbook covers the various aspects of preplacement procedures, including:

1. Visits with both foster parents
2. Preparation of the foster parents for the particular child to be placed (health problems, medical care, child's expected behavior)

21/ Cautley and Aldridge, Predictors of Success, p. 29.

22/ Aldridge et al., Guidelines for Placement Workers.

3. Discussion of plans for school attendance
4. Discussion of the entire financial arrangement between the agency and the foster family (basic monthly payment, reimbursable expenditures).

This publication can be obtained by writing to:

Center for Social Service
University of Wisconsin Extension
610 Langdon Street
Madison, Wisconsin 53706 Price $3.00

VI. MONITORING OF PLACEMENTS

Follow-up during the first few weeks of placement as well as preplacement preparation is desirable and should be encouraged. The availability of the worker has been found to be associated with the foster mother's satisfaction and success of a placement. The extent to which a worker is accessible for telephone calls and shows a willingness to answer questions has been more relevant to the success of a placement than the actual number of contacts.[23]

A. INTERVIEW GUIDE

Aldridge, Cautley and Lichstein [24] have developed an interview guide which can be used by social workers when discussing ongoing foster home placements with foster parents. The questions included in the guide were used during the periodic interviews conducted in the Cautley and Aldridge study. The researchers stated that success with this instrument depends on the rapport the worker has with each of the foster parents. Concern and genuine interest must be conveyed to the foster parents, so that they will be more likely to respond openly and willingly.

The authors will permit the form to be reproduced by agencies for their own use. They further recommended that the worker include these questions in periodic contacts with the foster family, and that both the foster mother and foster father be interviewed individually.

The following questions are included in a suggested interview guide for workers to use.

"1. Looking back over the past ____ months, how do you feel things are working out?

2. How do you feel now about being a foster (mother, father)?

*Attention should be paid to the following aspects of the answers to the two questions listed above:

a. Frame of reference (overall point of view) in which the respondent discusses the placement. Is it clearly positive, or ambivalent or neutral, or negative? The latter is suggested by the respondent's first mentioning negative aspects of the child's behavior. A positive answer expressed in negative terms ("It isn't so bad") indicates some ambivalence.

b. Separate ratings of the degree of satisfaction with the placement and with being a foster parent, which may actually differ from the overall frame of reference.

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[23] Ibid., p. 13.

[24] The interview guide can be found in the Guidelines for Placement Workers referred to in the Resource Section, pp. V 18-19.

(For example, a foster parent may be discouraged with the progress of the child and indicate this first of all, but when asked specifically about being a foster parent, express a favorable point of view.)

3. How do you think (child) feels about living here with you?

   *Attention should be paid to the degree of understanding of the child shown here.

4. Does it seem harder or easier to be a foster parent than you expected it to be? (In what ways?)

   *Attention should be paid to the overall evaluation expressed in the answer: Definitely easier, easier in some ways or a little easier, easier in some ways and harder in others, a little harder, or definitely harder. The latter response needs to be listened to especially: in what ways is it harder; what kinds of support or help does the foster parent need from the worker?

5. What effect do you think (child's) presence in your home is having on you and your (husband, wife)? (Could you tell me more about this?)

   *If there is any indication of a negative (or partly negative) effect upon the relationship, especially if mentioned by the husband, this is a sign that the placement is "in trouble" and needs more help. Do the two parents disagree on handling the child; does one resent the time and effort the child requires of the other; is one intolerant of the child and his/her problems, etc.?

6. What effect do you think (child's) presence in your home is having on your own children? (If needed: Could you tell me more about this?)

   *A negative effect is a sign that the parents need definite help in coping with the interaction, even if they do not ask for help. Rivalry for the parents' attention, evidence of insecurity on the part of one of their own children, etc. frequently occur, are to be expected, and can be handled successfully. However, inexperienced foster parents can be very upset by such events (regardless of how much the worker tried to prepare them) and need special help at the time in understanding and handling these problems.

7. Thinking of the period (since the child was placed, since I last talked with you on _____), has (child) shown any marked changes--either improvements or setbacks? Could you tell me the specific ways in which he/she has changed? To what extent has he/she changed; would you say very greatly, to a fair extent, or relatively little? (If unclear: Do you regard this as an improvement?)

*If the answer is that the foster child has not changed, or if the answer is primarily in terms of ways in which the child has experienced setbacks, this is a sign that the placement needs additional help immediately.

8. I'd like you to think of just this past week, since last ____, and tell me about the most difficult situation that you've had to handle with (child). How did you handle this?

*From this description, the worker can obtain some idea of whether the foster parent is unduly upset by trivial behavior, and also of some of the parent-child interaction taking place, such as whether the parent feels comfortable in setting and enforcing limits for the child, is using consistent discipline, etc.

If the parent insists nothing has been difficult, he/she can be asked to describe a situation which had to be handled: (Almost every child does something which requires some intervention on the part of the parent; could you describe an example of this?)

Or, if the parent prefers to describe something that occurred prior to the past week, this is useful.

9. And thinking again of this past week, since last ____ until now, I'd like you to tell me about something (child) did that made you feel particularly good. Did you or your (husband, wife) react or respond to this in any way?

*From this description the worker can gain insight into the amount of warmth the foster parent expresses regarding the foster child, the extent to which positive reinforcement is being used for desired behavior and the relative importance attributed to conformity.

If a foster parent reports that the child did nothing pleasing during the past week, this is a clear sign that the placement is not going well and that additional help is needed immediately."25/

There are additional questions included in the suggested interview guide which cover the following: (1) the effect of the child's presence on the foster parent(s); (2) activities that the foster parent and the child have done together during the last week, as well as anything that they particularly enjoy doing together; (3) whether the child ever talks about members of his family; (4) if so, in what way and what the foster parent's response is; (5) the foster parent's attitude toward the child's contacts with his/her natural family; (6) the child's understanding of the reasons for placement; and (7) whether there is any information that

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25/ Cautley and Aldridge, Predictors of Success, pp. 164-166.

the foster parent desires from the social worker that would be helpful in caring for the child.

B. GUIDELINES FOR PLACEMENT FOLLOW-UP

The following are additional guidelines that can be used by the social worker, after the placement is made, to aid the success of the placement.

Guidelines for Workers

"(1) Plan to do everything you can to help the placement get off to a good start. If you simply have not had time to complete the preplacement preparation desirable, make sure you complete this during the first few weeks of the placement. And even if your time is very limited, be in touch with the foster parents at least by phone, preferably in person, two or more times during the first month of the placement in order to answer questions, provide information, encourage the foster parents if they are finding the task harder than they expected (a common reaction), and help them understand the child and ways in which they can help him.

(2) Telephone the foster parents if they have tried to reach you. If you have very little time because of an emergency, explain this, but find out why they want to talk with you and, if necessary, call back later for a longer talk.

(3) Make sure you do your best to provide answers to the questions raised by the foster parents. Quite possibly you will not be able to answer some, for example, about the expected length of the placement or the child's previous experiences. In such instances, it is preferable for you to be open with the foster parents and explain that you do not have the information.

If you share what you know, as well as your uncertainties or lack of knowledge, with the foster parents they will feel much more comfortable than if you do not explain the reasons for this lack of knowledge. In the latter case, a foster family is likely to feel that the agency is reluctant to share information it has.

(4) If questions come up regarding specific problem behaviors of the foster child and you are not sure what kind of handling would be most desirable, offer to "think with" the foster parent about the details of the problems, going over what happened, how the parents had attempted to handle it, what the outcome is, whether other methods have been tried, etc. This can be done over the phone. Sometimes the act of describing the sequence in detail is in itself helpful and the foster parent gains a better understanding of what is going on. And as a "counselor" you will be in a position to make suggestions about difficulties you may see. At the very

least you will know enough about the problem to be able to discuss it with your supervisor and talk with the foster parents later. Your expression of concern and interest is helpful in itself. Your use of a 'problem-solving' approach is also helpful."26/

26/ Aldridge, Cautley, and Lichstein, Guidelines for Placement Workers, pp. 20-21.

VII. RETAINING FOSTER FAMILY HOMES

Even though agencies may be successful in recruiting foster homes, it is equally important that they also retain these homes as a continuous placement resource. By identifying specific factors contributing to high turnover rate, agencies may be able to identify problem areas. This might enable them to minimize foster family dissatisfaction and thus reduce turnover.

A. REASONS FOSTER FAMILIES TERMINATE PLACEMENTS EARLY

Cautley and Aldridge 27/ attempted to gain some understanding of what might account for the foster families in their study who terminated placement and requested removal of the foster child (one-third of all foster families in their study requested removal of the child before the full 18 months had elapsed, because the placement was not working out.) The researchers found that it was not possible to predict and identify foster parents who might eventually terminate, from their initial characteristics. However, in the interest of preventing foster families from dropping out of placement, reference is made to some of the reasons they identified for drop-out. Awareness of these reasons may help agencies to intervene before a foster parent terminates a placement.

Some of the reasons identified were:

(1) The foster mother was uncomfortable with a strange child in the home.

(2) There was rivalry between the foster parent's own children and the foster child.

(3) The foster mother had feelings of rejection toward the child.

(4) The foster parents had unrealistic expectations.

(5) The foster child was not getting along with the foster parents.

(6) The foster child gave the foster parents behavior problems.

(7) The foster child wanted to leave the home.

(8) There were hostilities between the natural parents and the foster parents.

(9) The child was too active for older foster parents.

(10) The foster parents were unwilling to work with the child's problems.

27/ Cautley and Aldridge, Predictors of Success.

B. WOLINS STUDY - ROLE CONFUSION

Wolins observed that the foster parent who is unable to tolerate role confusion may find it easiest to quit the role.[28] In order to determine how a foster parent's role is perceived, Wolins interviewed agency staff, the foster parent, and the community. Each respondent was asked to comment on conflict situations that arise in foster family care. These dealt mainly with the respective rights of the foster parent, the child's own parent, and the social agency.

Seventy-seven percent of the foster parents interviewed compared themselves to the child's own parent or to an adoptive parent, and 19 percent placed themselves in the role of relative. One individual thought of himself as a step-parent, and three foster parents could not identify their relationship to a foster child.

Seventy-four percent of the community perceived the foster parent as most like a natural or adoptive parent. However, the responses of the social workers were quite different; approximately one-third of them viewed the foster parents as most like a child's own adoptive parents. Another one-third of the social workers considered the foster parent role as unique and the remainder of their responses were divided among the other groupings.

Wolins found that unclear role perceptions were prevalent among the agency, the foster parent and the community. He concluded that the discontinuity in role perceptions points to the importance of determining the extent to which the foster parent's withdrawal from placement can be attributed to role ambiguity and to other causes.

C. CLARIFYING FOSTER PARENT ROLES

Wolins and others have attributed the general lack of understanding of foster parent roles to the ambiguity of these roles. Agencies must take the responsibility for clarifying the roles, requirements, and limitations of every involved party in the foster placement. This section covers several approaches to educating foster parents about their role and encouraging foster parent participation in agency decision-making.

1. Foster Parent Groups

Foster family groups or clubs can be established by agencies as a means of helping foster parents define their roles. For example, a successful foster parent group was organized by Catholic Social Services of Wayne County in Detroit, to aid in the recruitment of foster homes and to develop effective communication and teamwork between foster parents and agency staff.[29] As a result of the efforts of this group, roles were clarified by the agency and the group, and a positive relationship developed between them. Agency staff and foster parents came to understand their respective roles and the interdependence of these roles.

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[28] Wolins, Selecting Foster Parents.

[29] R. Daniels and J. Brown, "Foster Parents and the Agency," Children Today 2:3 (May/June 1973), pp. 25-27.

The group members planned and carried out the following activities: development of information pamphlets on foster care and foster parenting, hosting an open house at the agency, holding an institute for agency personnel and other professionals, organizing a speakers' bureau, television and radio appearances, developing a slide presentation of the foster placement process, and publishing a monthly newsletter. The meetings also provided a setting where pertinent issues could be explained and discussed. The agency responded to the concerns of the group by having a member selected by the group serve on its board of directors. This representation allowed foster parents to be involved in all aspects of the agency's operations.

Another application of the group method used widely by foster care agencies is the ongoing discussion group for current foster parents. The objectives of these groups are: to give status and recognition to foster parents; to help them identify more readily with the agency; to supplement the help given by individual social workers; and to explore the meaning of the foster mother's role.30/

The APWA Standards Manual,31/ mentioned previously, offers guidelines for implementing foster parent associations. In addition, agencies can secure the following related publications for a nominal cost:

(1) Foster Parents Associations: Designs for Development Helen D. Stone and Jeanne M. Hunzeker, 1974, 30 pp.

(2) Education for Foster Family Care: Models and Methods for Social Workers and Foster Parents, Helen D. Stone and Jeanne M. Hunzeker, 1974, 108 pp.

from:

Child Welfare League of America, Inc.
67 Irving Place
New York, New York 10003.

2. Foster Parent Role in Decision-making

Iowa's Children and Family Service Agency provides an approach used to clarify foster parent roles. This agency acknowledges their foster parents as co-workers who are an integral part of the agency. In an effort to recognize foster parents, the agency asked them to form speaking panels to stimulate community awareness. The foster parents in this situation viewed themselves as experts volunteering their time to represent the agency. This ultimately led to the development of social ties among the foster parents, which seemed to strengthen the feeling of identification with the agency.32/

30/ G. Sacks, "The Group Method in Services to Foster Parents of Pre-adoptive Children," Child Welfare 45:8 (October 1966), pp. 568-571.

31/ Standards for Foster Family Services Systems.

32/ J. Mannheimer, "A Demonstration of Foster Parents in the Co-Worker Role," Child Welfare 48:2 (February 1969), pp. 104-197.

It cannot be overemphasized that agencies should strive to give foster parents status and recognition. This can be achieved by:

"(1) Informing foster parents of decisions that can be made without agency permission.

(2) Consulting foster parents on policy decisions affecting them.

(3) Encouraging foster parents attendance at consultations and conferences relating to the foster child in their care, so that they can share in and influence the planning and decision-making process."33/

3. Foster Parent Education

Another example of an effort to clarify the role expectations of foster parents and staff is sponsoring university courses which analyze the role and position of the foster parent in relation to the agency and the natural parent. Realizing the concern about role definition of foster parents, in 1971 the Department of Continuing Education in Social Work, of the University of Minnesota, and the Foster Parent Association sponsored a tuition-free 12-week, 3 credit course for foster parents and agency staff members.34/ Recruitment and selection of participants for the course were left up to the agencies.

It was concluded from this pilot course experience that questions concerning the role of foster parents were of real concern, and they could be conceptualized and discussed advantageously in a classroom setting which included foster parents and agency staff. Defining the issues together appeared to be an important aspect of role clarification for course participants.

The Children's Bureau has developed three new curricula for foster parent education. The material is being written by The Child Welfare League of America in collaboration with the Education Development Center of Cambridge, Massachusetts. "Introduction to Foster Parenting," the first curriculum, is designed to help new and prospective foster parents understand their own role and the role of the agency in foster parenting. The course is organized to be given in six, two-hour sessions. The second curriculum, "Foster Parenting an Adolescent" will emphasize understanding the unique needs of adolescents in foster care. "Foster Parenting a Mentally Retarded Child," the third curriculum, will be available in December, 1978.

Each curriculum is tested by agency foster parents throughout the country and carefully evaluated and revised before publication. Each curriculum includes its own package of materials which consist of: a comprehensive leader's guide, easy-to-read activity workbooks, films,

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33/ M. Reistroffer, "Participation of Foster Parents in Decision-Making: The Concept of Collegiality," Child Welfare 51:1 (January 1972), pp. 25-29.

34/ B. Galaway, "Clarifying the Role of Foster Parents," Children Today 1:4 (July/August 1972), pp. 32,33.

cassette tapes, and audio-visual materials. The material can be ordered from:

> The Foster Parent Curriculum Project
> Child Welfare League of America
> 67 Irving Place
> New York, New York 10003
> (212) 154-7410

The price of the "Introduction To Foster Parenting" Curriculum Package is $350. For information on ordering individual components, contact Helen Stone or Betty Hart at the above address.

D. PAYMENTS TO FOSTER FAMILIES

There are conflicting views concerning the relationship between the level of foster care payments and the number of foster homes available. The modest rates paid to foster parents for the care of the foster child have been considered inadequate in many places and may be a deterrent to the recruitment and retention of foster parents. These rates frequently fail to cover the financial cost incurred by the foster family.

Grow and Smith reported on a 1970 CWLA study of the methods used by agencies in establishing board rates.35/ Despite the finding that some board rates were inadequate, over one-half of the agencies surveyed responded that their rates were high enough to obtain and retain foster parents. Many agencies also believed that there was no relationship between recruitment and adequate board rates.

Other research findings, however, have refuted this position. A study by Simon, for example, compared the number of foster family homes per capita in various states and the corresponding payment levels in these states. The objective was to estimate the effect of the payment levels on the supply of potential homes. The results showed a positive relationship, in which a percent increase in payment level would result in a comparable increase in the supply of homes. For example, a 5-10 percent increase in available homes in response to a 10 percent increase in payment level.36/

1. Setting Rates to Cover Costs

Child Welfare League of America Standards for Foster Family Service stress that:

> "Full reimbursement of cost should be provided for all children in foster family care. The foster parents should not be expected to assume financial responsi-

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35/ L. Grow and M. Smith, *Board Rates for Foster Care* (New York: Child Welfare League of America, 1970).

36/ J. Simon, "The Effect of Foster Care Payment Levels on the Number of Foster Children Given Homes," *Social Service Review* 49:1 (March 1975), pp. 405-411.

> bility for any part of the child's care, unless by special arrangement with the agency."37/

Determining actual costs will naturally vary according to the standard of living in a particular community and the specific needs of the child; however, there is a need for an objective and external measure of payment adequacy to aid in determining a "basic monthly payment". Once this is established, special fees can be added for children with special needs.

DeJong suggests that budgets for standards of living, developed by the Bureau of Labor Statistics (BLS), can be translated into foster-family care rates. BLS budgets, which cover the cost of basic maintenance, were adapted to a child and adult foster family care program in Michigan. A survey of 400 foster families conducted by the Michigan Department of Social Services found that the intermediate or moderate budget was the standard of adequacy for foster family care in Michigan. An adaptation of the BLS moderate budget to foster family care was developed by excluding expenses that were not applicable and allocating necessary costs. Recommendations for developing the budget were made by the Michigan Child Foster Care Rate Setting Advisory Committee.38/

The annual budget components included cost of personal needs (food, clothing, personal care items), housing (utilities, household operations, and furnishings), medical care, transportation, and miscellaneous consumptions. The total annual budget was then divided to reflect a monthly and daily rate.

BLS family budgets cannot resolve the entire foster care rate setting issue because of certain arbitrary limitations. These budgets are only intended to cover the cost of basic maintenance. However, DeJong describes the approach as one using the most reasonable and adequately researched set of standards currently available.

2. Measuring the Cost of Foster Family Care

A study by Settles, Culley, and Van Name, funded by the U. S. Children's Bureau, offers a method for measuring the average costs of foster family care in local areas. An instrument was developed which measures direct, indirect, and non-economic costs (e.g., the cost of the time and efforts the family members put into raising a child that does not compete with the family's money earning activities) of raising a foster child. "The cost measurement procedures are designed to measure average costs in a particular area rather than costs of an individual child. Social service and agency administration costs are excluded from the measurement instrument."39/

37/ Child Welfare League of America Standards For Foster Family Service, p. 82.

38/ G. DeJong, "Setting Foster Care Rates: I. Basic Considerations," Public Welfare 33:4 (Fall 1975), p. 39.

39/ B. Settles et al., How To Measure The Cost of Foster Family Care (Washington, D.C.: Children's Bureau, U.S. Department of Health, Education, and Welfare, 1977), p. 1.

A publication by the researchers, How To Measure The Cost of Foster Family Care, explains the methodology for measuring the direct and indirect costs of foster family care. Individual worksheets are provided for determining these costs in addition to using consumer price index information.

The publication can be obtained by writing:

U. S. Children's Bureau
Administration for Children, Youth and Families
Office of Human Development Services
Box 1182
Washington, D. C. 20013

3. Paying Salaries or Fees-for-Service

Paying foster parents in the form of a salary, or fee-for-service, in addition to payments for the child's board and related expenses, has the potential advantage of (1) increasing the supply and duration of foster family care and (2) establishing the foster parent role as an agency employee, thereby fostering identification with the agency. Two succesful projects are described below.

Episcopal Community Services of New Orleans

Another purpose of the Episcopal Community Services of New Orleans project, described on pages 40,41 of this Resource Section, was to ascertain the effect of salary, and the establishment of a clearly-defined employer-employee relationship on the foster parent/agency relationship and the foster parents' perception of their role.40/ The agency provided formal employment status to eight foster mothers and paid them a salary of $200 a month and fringe benefits, in addition to payment for the child's board and related expenses. In this demonstration project, foster mothers were trained specifically for the role and were involved in supportive casework service and group discussion.

Foster mothers seemed to identify with the agency, its goals, and its modes of working toward these goals. They felt that the study process helped to outline their expected role, and they found the caseworkers to be accessible and reliable. They also expressed satisfaction with their salaries and found them to be adequate, although in some cases it was less than what they would have earned if employed outside their homes. Security and satisfaction were also expressed, because of the clarity of the long-term commitment.

Casey Family Program For Youth In Seattle

A similar approach was employed in 1966 by the Casey Family Program for Youth in Seattle. This demonstration program was established to provide long-term or permanent foster care to children age 5-17 who were in danger of becoming delinquent. The emphasis in this program, however, was on the permanence of the foster parent-child relationship.

40/ Jaffee and Kline, New Payment Patterns.

A fee for service of $100 a month was paid for each child, rather than a salary. This was in addition to board payments and other maintenance costs (as in the New Orleans program). Although the emphasis was on the parenting role, rather than an employee role, the service fee was established to provide recognition and compensation in a significant way, without emphasizing financial motivations as a major recruitment incentive. The service fee did not constitute salary or wages because families were not considered agency employees.41/

Attaching employee status to foster parents was avoided. The agency preferred to be seen as the provider of service to foster parents and their foster children, thereby retaining its ultimate decision-making role in regard to the child's welfare. The agency attempted to give the foster family autonomy in handling the material needs of the foster child. Feedback from the parents showed that:

> "This removes one of the customary sources of disunity in the foster parent-agency relationship and in the foster parent-child relationship."42/

There was no evidence that the receipt of the service fee was a decisive factor in retention of a home when serious relationship problems arose.

41/ Ibid.
42/ Ibid., p. 19.

VIII. PERMANENT PLANNING FOR CHILDREN IN FOSTER CARE

A. CONCERN FOR CHILDREN IN PLACEMENT PROJECT (CIP)

A regular review of foster care cases by the Juvenile Court System is an important step in moving children out of foster care. A case-monitoring system must be utilized that will assist both the court and agencies in knowing where each foster child is and what progress is taking place in relation to the child's plan.

In 1973, the National Council of Juvenile Court Judges (NCJCJ) developed "The Concern for Children in Placement (CIP) Project." Realizing the court's influence over a foster child's fate, NCJCJ resolved to become an advocate for children. "The goal of the resolution was to make 'permanence of home life a special target for every child,' and it specified that courts should act early and decisively either to return children to their biological parents or to free them for adoption."43/

The CIP project is a model case review system that is intended to bridge the case management gap for children in foster care. The project is financially supported by the Edna McConnell Clark Foundation and was developed by the Kent County Juvenile Court in 1972. NCJCJ successfully pilot tested this systematic review of each case of out-of-home placement in the Kent County Court, in Grand Rapids, Michigan.

The goals of CIP are to:

"1. establish a means by which the court, child welfare agencies, and citizens of the community can work together to better serve children in placement;

2. ensure that each child has the right to a court hearing at least once a year during the period that the child remains within the court's jurisdiction;

3. create public awareness of the nature of the problem and approaches to solving it."44/

The project was then expanded and launched in 1974 in 12 courts. The CIP process works in the following way. Each court appoints a local project coordinator, who recruits concerned citizens as volunteers. The volunteers are then trained to use the materials. The volunteers are sworn to confidentiality by the judge and are responsible for examining and reviewing the case files of each child under court jurisdiction (The Foster Family Checklist accompanying this resource section delineates the information collected during the case review).

43/ Judge J. Steketee, "The CIP Story," Juvenile Justice 28:2 (May 1975), p. 5.

44/ Ibid., pp. 9-10.

The results of these case reviews are regularly reported to the judge by the project coordinator. "Judges and agencies can then take action, because high priority cases become immediately apparent, and the status of every child in the court's jurisdiction is clearly indicated. All of these roles, thus, interlock to help provide a permanent situation for the child without unnecessary delay."45/

Phase I of CIP was completed in September 1976 and the findings of the project revealed that:

"o 23.7 percent of the children reviewed had been in foster care for five to ten years
- 30.7 percent had not had a case review in three to ten years
- about 49 percent had little or no contact with their biological parents while in foster care
- more than 60 percent had been in placement for over two years
- 56 percent of the children moved up to three times while in foster care, 223 of them moved 7 to 18 times, and 10 moved 19 times."46/

B. FREEING CHILDREN FOR PERMANENT PLACEMENT PROJECT

An estimated 350,000 or more children are in foster care in this country. Although the intent of foster care usually is to provide temporary substitute family care for children when their parents cannot care for them, many of these children will remain in foster care for several years and most will not return to their families. These are children who need to feel the security of permanence in their childhood, which can be achieved by one of three alternatives: return to their own parents, placement in an adoptive home, or placement in a formal, long-term foster care arrangement.

Child welfare services delivery systems can reduce the number of children who lack permanence by actively engaging in permanent planning for each child in care. This challenge necessitates that the barriers to planning for these children be identified and overcome.

In 1973, the Children's Bureau, in collaboration with Oregon's Children's Services Division and the Regional Research Institute for Human Services of Portland State University, began a 3 year demonstration project. Entitled "Freeing Children for Permanent Placement," the project was implemented in 17 of Oregon's 36 counties. The project's goal was the placement in permanent homes of children who appeared to be headed for long-term foster care.

The project began by systematically screening caseloads to identify children who had been in foster care more than one year, were unlikely to return home, and were adoptable. The project selected 15 project caseworkers and trained them to work with those cases in which the children seemed destined not to return home and for whom there was no permanent plan.

45/ Ibid., p. 11.

46/ Ibid., p. 7.

"Five hundred and nine (509) cases were selected for the project with caseloads limited to 25 children per worker (as opposed to the usual caseload in Oregon of 50 to 60 children per caseworker."47/ Workers actively sought to locate natural parents and to determine parental capacities to care for their children. Efforts were directed toward exhausting all reasonable efforts to reunite biological families before termination of parental rights proceedings were begun.

The project used a number of techniques in order to achieve family permanency for children. Where indicated, termination of parental rights was obtained either through relinquishment of parental rights, or by judicial decision. Cases where the parents refused to voluntarily relinquish their rights were referred to the project's attorney who was under contract to represent the child in termination hearings. If it was felt that termination of parental rights was in the best interest of the child, a court proceeding would be initiated.

The project also developed a typology of cases which indicated whether grounds existed for termination of parental rights. The categories were: 1. abandonment and desertion cases, 2. condition cases, or 3. conduct cases. The tasks of caseworkers would depend on how parental behavior was classified. "The Oregon statute and methods developed by the project directed how each kind of case would be structured to achieve termination of parental rights and subsequent adoption."48/

Results of the project showed that, "...three years after the project officially began, permanent placements had been implemented for 72% of the 509 children accepted by the project...A follow-up on the placements, to determine their stability and success..., shows that 96 percent of the children placed were still in a placement intended to be permanent."49/

The project developed a practical, step-by-step guide to secure permanent families for children in foster care. The guide, entitled Permanent Planning for Children in Foster Care: A Handbook for Social Workers, contains the following information:

- How to assess the barriers to returning the child home
- How to structure a treatment program
- How to choose an alternative plan
- How to free the child for adoption
- How to prepare a termination case

47/ V. Pike, "Permanent Planning For Foster Children," Children Today 5:6 (November/December 1976), p. 23.

48/ A. Emlen et al., Overcoming Barriers to Planning for Children In Foster Care (Portland, Oregon: Regional Research Institute for Human Services, 1977), p. 2.

49/ Ibid., p. 4.

Copies of the Handbook may be obtained by writing to:

U.S. Children's Bureau
Administration for Children,
Youth and Families
Box 1182
Washington, D.C. 20013

In addition, the Regional Research Institute of Portland State University examined "the institutional, professional and client barriers that have kept workers from permanent planning for children entering foster care." 50/ Seven major kinds of barriers were identified which prevent children from leaving foster care.

The Children's Bureau is sponsoring a nationwide technical assistance effort based on the Oregon project. Several states were awarded grants to replicate features of this project. For further information contact:

Phyllis Nophlin, Project Officer
Children's Bureau
Administration for Children, Youth and
Families
Office of Human Development
Box 1182
Washington, D. C. 20013
(202) 755-7583

50/ Barriers to Planning for Children in Foster Care (Portland, Oregon: Regional Research Institute for Human Services, 1976), p. 1.3.

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VI. ADOPTION SERVICES

Children's Bureau
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VI. ADOPTION SERVICES RESOURCE SECTION

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I. SUCCESSFUL ADOPTIVE PLACEMENT

A. SUCCESS RATES

Results of studies of adoption outcomes have been ambiguous. When measurement of success or failure is limited to the period between placement and the finalization of the adoption, and failure is defined as removal of the child from the home, the results appear to be quite good. Kadushin and Seidl, for example, found a failure rate of 2.8 percent in their study of children placed over an eight-year period by the Wisconsin State Department of Health and Social Services.1/

When success is defined as parent-child satisfaction or the quality of family functioning at some point later in the placement, the results, though still good, are not quite as favorable. In an analysis of follow-up studies, Kadushin determined that these studies, considered together, showed an unequivocal success rate of 65 percent for the adoption of healthy white infants. An additional 18 percent of adoptions were judged to be of fair, moderate, or average success, while 17 percent were judged failures.2/ Review of seven studies of outcomes of adoptions of special-needs children, conducted one to twelve years after placement, indicated that even placements involving more problematic issues were likely to be considered successful by parents.3/

Research suggests many possible factors that can affect adoption outcomes. The validity of measures used in these studies may be questioned as a result of the presence of intervening variables which may have affected the success or failure of the placement. However, success rates in general, appear to be good, and little in the way of specific recommendations for practice can be derived from the long term evaluation studies, at least in terms of predicting who will be a "good" parent or which placements will result in happy families.

Among the variables which have been suggested in the literature as affecting outcomes of adoptive placements, there are many over which an agency has some control. Because age of an adoptive child at placement has generally been found to be significant, an agency should concentrate on providing legal services which will ensure that placements are completed as soon as possible following the decision that a child should be freed for adoption. Emotional and physical health are also salient issues.4/ Therefore, diagnostic assessment of a child's medical, educational and emotional strengths and weaknesses is crucial. An agency should also provide other auxiliary services to ensure the success of placements. Individual and group counseling services that focus on attitudes and readiness for adoption should be available to the child. Such services are also indicated for prospective adoptive parents and may include family, group, or individual counseling and adoptive parent training

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1/ A. Kadushin and F. Seidl, "Adoption Failure: A Social Work Post-Mortem," Social Work 16:3 (July 1971), pp. 32-36.

2/ A. Kadushin, Child Welfare Services, 2nd ed. (New York: Macmillan Publishing Co., 1974), p. 370.

3/ Ibid., pp. 571-574.

4/ Ibid., pp. 572-582.

programs.5/ Post-placement counseling to facilitate adjustment and deal with problems which may arise is critical to the success of special-needs placements. In addition to counseling, information and referral services should be available to assist families in locating needed resources in the community. Finally, additional diagnostic assessment and individual or group counseling should be available after finalization to all parties in the adoption.

The reader is referred to the Child Welfare League of America's Standards for Adoption Service which is available from the League at: 67 Irving Place, New York, New York, 10003. Topics covered in the publication include services to the biological parents, to the child, and to the adoptive parents before, during, and after placement. In addition, there is discussion of the organization and administration of an adoption agency, as well as a discussion of the relationship between adoption services and the community. The remainder of the discussion of successful adoptive placements will cover three dimensions of general adoption service: provision of adequate medical care, legal services, and the issue of adult adoptees who are searching for their biological parents. These areas have been chosen because recent developments and trends have caused many agencies to reexamine practices and policies related to these issues.

B. PROVISION OF ADEQUATE MEDICAL CARE

Provision of medical services assumes increasing importance as the proportion of infants whose mothers are young adolescents increases. Babies born to young adolescents are more likely to have neurological disorders. When the mother is a drug or alcohol abuser, the problem is compounded. Agencies placing these infants must be willing and able to accept the high health risk factor in the child.6/ Obligation to the adoptive parents includes informing them of the mother's health and possible consequences for the child. Agencies whose program includes service to the biological mother need to be aware of the risks to both mother and child of pregnancy in early adolescence. These agencies should be examining the medical services they provide to determine if they are adequate for the younger, more economically disadvantaged, less physically and mentally healthy girls who are giving up their children for adoption.

In addition to the greater proportion of high risk infants in the adoption caseload, the increasing proportion of older and/or disabled children requires that agencies reevaluate their medical service to determine if they are adequate to meet the needs of these children and their adoptive parents. Particular attention should be given to assessing disabilities, their potential for remediation, and the potential resources within the community to meet the child's health needs. Communication with the pro-

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5/ An example of such a program is provided by the Adoptive Parent Education Program of The Children's Home, 5051 Duck Creek Rd., Cincinnati, Ohio 45227. Extensive use has been made of videotapes. Contact Norman W. Paget at the above address for more information. Also see N. Paget and P. Thierry, "Adoptive Parent Education: An Agency Service," Children Today 5:2 (March-April 1976), pp. 15-35.

6/ E. Cole, "Adoption: Problems and Strategies, 1976-1985" (Washington, D. C.: Children's Bureau, U. S. Department of Health, Education, and Welfare, February 1976), p. 30. (Mimeographed.)

spective parent of the results of these assessments is vital to the success of the placement.

Dr. William B. Carey, a pediatric consultant to adoption agencies, offers the following suggestions for what medical information about the child and his biological parents should be gathered.

1. A complete medical history of the child's biological parents including the physical and mental health of both parents, and of the child's grandparents if possible. Information should include evidence of any inheritable disease and/or consanguinity of parents. Consultation with a geneticist may be indicated if there is a blood relationship between parents.

2. A careful history of the mother's pregnancy including infections, such as rubella, nutritional deficiencies, use or abuse of drugs, excessive exposure to X-Rays, and type and difficulty of delivery.

3. Findings from the Apgar test.

4. Test of the mother for syphilis and Rh type.

5. Test of the baby for P.K.U.

6. Developmental appraisal of any baby more than 1 month old by a pediatrician or psychologist.

7. For older children the record should include all of the above, as well as significant health events in his life. Vision, hearing, and tuberculin testing should be included, as soon as the child is old enough.7/

It is, according to Dr. Carey, of extreme importance that this information be gathered and transmitted before the child is placed for adoption. "Experience shows that information not obtained by that time is retrieved later only with great difficulty and sometimes not at all."8/

After the pediatrician has evaluated the child, this information should be transmitted in writing to the adoptive family's physician. In the event of any complications, medical findings should be discussed between the prospective adoptive parents and the examining pediatrician, and not just between the pediatrician and social worker or other intermediary. Additional recommendations concerning what constitutes a complete neonatal medical examination and history may be obtained in a monograph on adoptions from:

American Academy of Pediatrics
P.O. Box 1034
Evanston, Illinois 60204

7/ W. Carey, "Adopting Children: The Medical Aspects," Children Today 3:1 (January/February 1974), pp. 10-15.

8/ Ibid., p. 14.

A complete medical and psycho-social history is crucial when seeking successful adoptive placements for older, physically handicapped, or emotionally disturbed children. Prospective adoptive parents need to be fully informed concerning the physical and emotional condition of children they may accept as their own. Records should be carefully maintained. An investment in thorough and competent medical care for adoptees, as well as psychological evaluation when indicated, will facilitate the placement process and increase an agency's credibility in a community.

C. THE USE OF LEGAL SERVICES

The legal issues involved in adoption have become increasingly complex in recent years. Issues regarding the rights of the putative father, the right to treatment in involuntary termination of parental rights cases, and the legal complications involved in interstate placements make it important that the agency have access to the assistance of attorneys who are well-informed in these areas.

An example of the successful use of competent legal services is a project in Oregon, "Freeing Children for Permanent Placement", which was funded in 1973 by the U.S. Children's Bureau. The purpose of the project was to achieve permanent planning for children in substitute care. The cases accepted were those of children considered by referring workers as "unlikely to return home." A significant goal of the project staff was to evaluate and rehabilitate the parents of these children. However, if intensive counseling and services failed to yield a positive response from the parents, they became subject to judicial termination of parental rights. A major focus of the project has been on the relative difficulty of termination of parental rights by judicial decision. The project contracted with Metropolitan Public Defender for legal services. The attorney acted as a legal advocate for children in termination of parental rights proceedings.

Despite the original unfavorable prognosis for the 509 children accepted into the project's caseloads, 131 have been returned to their natural parents, and 184 have been completely freed for adoption by means of voluntary release and/or termination of parental rights. This project has been so successful that the U.S. Children's Bureau has undertaken a national technical assistance effort to all states based on the Oregon project. Staff from the project are available for presentations and consultation. A permanent planning manual for social workers has been prepared. (See Foster Family Care Resource Section.) A handbook describing the legal history of foster care in the United States is being prepared; and funds are being made available to prepare manuals for legal and judicial personnel on the state-specific legal aspects of permanent planning. More information may be obtained from the Children's Bureau specialists in the DHEW Regional Offices or from:

U.S. Children's Bureau
P.O. Box 1182
Washington, D.C. 20013

Additional assistance can be obtained from the Children's Bureau Project Officer, Phyllis Nophlin, (202) 755-7583.

The U.S. Supreme Court decision in Stanley vs Illinois has created considerable confusion among adoption agencies as to the extent of their responsibility to locate the putative father of a child being relinquished for adoption by his/her mother. Cole [9] says that agencies generally feel that the putative father must be notified of the adoption plan. If he acknowledges paternity, then he has a right to present his own plan for the child which must be given consideration. If, however, he is not known or cannot be located, the situation becomes more complicated. Agency practice varies from placing the responsibility to contact the agency on the father, who forfeits his rights if he does not contact the agency within a specified period of time, to advertising in newspapers to find him. Currently there appear to be no clear guidelines as to what constitutes the "diligent search" required of an agency before it can petition the courts for termination of rights. Thus, agencies in each jurisdiction must work with their attorneys and the courts to formulate a viable policy with regard to locating the putative father.

Every agency should have written guidelines available to all adoption workers which reflect statutory requirements in the state. These guidelines should specify the rights and responsibilities of all parties involved in an adoption, in writing whenever possible, and address the following issues:

1. Surrenders

    - circumstances under which an agency has authority to accept a child by surrender
    - circumstances under which an agency must refuse to take a surrender
    - procedures to be used in the case of surrenders

2. Terminations

    - legal grounds for termination
    - instructions for filing abandonment, maltreatment or neglect petitions

3. Locating Adoptive Resources

    - registries and exchanges available
    - procedures for utilizing these resources
    - names and phone numbers of individuals to contact
    - when and how subsidies can be used

4. Finalizing Adoptions

    - list of documents necessary to complete an adoption
    - list of procedures to be completed and requirements to be met, in their order of precedence
    - when and how to close the case

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[9] Cole, "Adoption: Problems and Strategies," p. 32.

In addition, samples of all necessary forms and letters should be available with clear instructions concerning how they should be filled out and when they should be used.10/

Cole reports that agencies are finding it increasingly difficult to cope with the legal work involved in adoptions and offers some suggestions as to how some of the problems might be alleviated. One suggestion is for a number of agencies to contribute toward hiring a pool of full-time lawyers experienced in handling terminations who could represent all of them. In addition, social workers must become more knowledgeable about laws of evidence and testimony. Case records must be kept in such a way that they can be used in the courts. Training some workers and aides to work as paralegal assistants, or hiring those already trained, could save a substantial amount of lawyers' time and, thus, funds for legal fees as well.

D. DEVELOPING AGENCY POLICIES REGARDING ADOPTEES' SEARCH FOR BIOLOGICAL PARENTS

The search for biological parents by adult adoptees is occurring with increasing frequency. It raises a number of issues which agencies must face in order to evaluate their previous performance and plan for the future. Agencies must deal with the ethical dilemmas resulting from the fact that they are obliged under contract with both the biological and adoptive parents to keep confidential all the information given. In addition, controversy exists over whether a search for biological parents implies pathology or is a normal developmental need for some adoptees. Anderson 11/ asks whether the adopted person has the right to know who his or her biological parents are. Three opposing views are then presented. Some believe the answer is an unconditional "yes". They seek to have the laws changed. Others hold firmly to a negative response and continue to press for complete and guaranteed confidentiality. Finally, there are those who believe in a conditional or qualified "right to know" and a modification of the statutes which would balance the rights of all parties involved.

The Child Welfare League of America conducted a survey of agencies' policy, practice and opinions relating to the sealed records issue. The results of this study have been used to revise CWLA's Standards for Adoption Services. Among recommendations made in their May 1976, policy statement and in the revised Standards, are the following:

A. Agencies should become familiar with statutory requirements in their state and any recent judicial decisions on the issue.

B. Biological and prospective adoptive parents should be informed that firm guarantees of confidentiality can no longer be made in view of possible or future changes in law or interpretation of law.

10/ An example of such guidelines may be found in Adoption Handbook (Springfield: Illinois Department of Children and Family Services, November 1976), available to all adoption workers in the state of Illinois.

11/ C. Anderson, "The Sealed Record in Adoption Controversy," Social Service Review 51:1 (March 1977), pp. 141-154.

C. Agencies should develop some method of informing adoptive parents who have adopted in the past that the agency is prepared to review and share non-identifying background information and to assist adoptive parents in dealing with this information.

D. Parents may waive their right to privacy by authorizing, in writing, disclosure of identifying information, which may also include their willingness to see the child when the latter attains legal majority.

E. Agencies should give adoptive parents and children, in writing, all the information known to the agencies about biological parents and ancestry, short of names, to include not only medical and genetic information but also descriptive data such as age, physical characteristics, special abilities, education, etc.

F. Agencies should request biological parents to continue to share with the agency any medical information that might be significant to the child who was adopted.

G. Post-adoption services should be strengthened and made available to all parties to the adoption. Adoption should be considered a lifelong process and family counseling should be available if needed, over the span.[12]

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[12] "Interim Policy Statement on the Sealed Records Issue" (New York: Child Welfare League of America, May 1976). (Mimeographed.), and "Revisions to CWLA Standards for Adoption Service" (New York: Child Welfare League of America, December 1976). (Mimeographed.)

II. THE ADOPTION OF SPECIAL-NEEDS CHILDREN

Approximately 350,000 children are in foster care in the United States. Of these, 100,000 are estimated to be candidates for adoption. However, 90 percent of these 100,000 children are described as special-needs children: children who for some reason related to age, race, belonging to a sibling group, or disability are not likely to be adopted without particular efforts being expended in their behalf.13/

Factors believed to be essential to successful programs for special-needs children are the following:

> "A specially trained staff that believes that special-needs children can be placed, finds homes, coordinates the necessary services, and works with the adoptive parents after placement to assist them with any problems.
>
> A community or state program that makes people aware of the availability of special-needs children, uses media when helpful and mobilizes citizen support to increase sensitivity to the need for specialized services and aggressive outreach.
>
> Certain supportive changes in state adoption laws and agency policies and regulations.
>
> Methods of subsidizing adoptions or providing for unusual medical expenses for children who need such help regardless of parental income."14/

Significant factors specific to each of the three major categories of children for whom adoptive homes have been considered difficult to find--children from minority groups, older children and handicapped children--will be separately discussed with reference to successful programs and recommended techniques.

A. ADOPTIVE PLACEMENT OF MINORITY CHILDREN

1. Transracial Adoptions

With the National Association of Black Social Workers' statement on transracial adoptions in 1972, racial considerations generated one of the most polarizing controversies in the history of adoptive placements. The major concern relates primarily to transracial placements of black and Native American children. The controversy concerns two issues: first, whether or not the lack of a sufficient number of minority

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13/ Cole, "Adoption: Problems and Strategies," pp 21-22.

14/ U.S. Congress, Senate, Committee on Labor and Public Welfare, Subcommittee on Children and Youth, Foster Care and Adoptions: Some Key Policy Issues, by P. Mott (Washington, D. C.: Government Printing Office, 1975), pp. 22-23. All publications from GPO may be obtained by writing to: U.S. Government Printing Office, Superintendent of Documents, Washington, D. C. 20402.

homes is due to faulty agency techniques only; and second, whether transracial placements should be made for any reason.

The success of some agencies in recruiting minority adoptive parents indicates that it is possible, when sufficient effort is expended in an informed way, to recruit enough minority homes to meet the agency's needs.15/ It appears, then, that the usual reason given for transracial adoption, that not enough minority homes can be found, is not an adequate one unless it can be demonstrated that all possible recruitment resources have been exhausted.

The second aspect of the controversy, whether or not transracial placements ought to be made for whatever reason, is not so readily dealt with. Although minority children appear to fare well enough in transracial adoption, studies demonstrating this have not, for the most part, examined the children at adolescence when one might predict the most difficulty for a child adopted transracially.16/ If [illegible] current stress on the importance of ethnicity and one's biological and cultural roots continues, it is possible that "consciousness raising" will make the issue of ethnic identification a problem even for early adopted transracial adoptees when they reach adolescence or young adulthood. For the older minority child, whose racial and cultural identification is established prior to the adoption, a sense of belonging in a white family may be more difficult if not impossible to establish. Most child welfare authorities agree that minority placements for minority children are preferable, and the number of transracial placements being completed has dropped dramatically during the 70's.17/

2. Recruitment of Minority Adoptive Parents

An example of recruitment of black parents for black children is provided by the Interagency Vietnam Adoption Committee.18/ The Committee's original aim was to find homes for black Vietnamese youngsters. With the abrupt termination of Vietnamese adoptions after the babylift, there were insufficient black Vietnamese children to place in the homes recruited. Up to that point, the project had been supported by AID funding. It then converted to a DHEW grant for purposes of locating black American children for the approved homes.

15/ See following section for a discussion of several minority recruitment programs.

16/ See M. Ferguson, Inter-racial Adoption: A Comprehensive Study (Minneapolis: University of Minnesota School of Social Work, 1969). See also L. Grow and D. Shapiro, Transracial Adoption Today (New York: Child Welfare League of America, 1975) and L. Grow and D. Shapiro, Black Children - White Parents: A Study of Transracial Adoption (New York: Child Welfare League of America, 1974).

17/ For recent examinations of the issue, see J. Ladner, Mixed Families: Adopting Across Racial Boundaries (New York: Anchor Press/Doubleday, 1977), R. Simon and H. Allstein, Transracial Adoption (New York: John Wiley & Sons, 1977.), and other references listed in the Bibliography.

18/ Interagency Vietnam Adoption Committee, "A Report on Characteristics of Registrants for Adoption, Children Placed and Services Rendered by Adoption Agencies" (New York: Travelers Aid International Social Service, January 1, 1975-April 30, 1976).

The project placed heavy emphasis on the desirability of black homes for black children. It was connected with a number of black-oriented adoption programs and black voluntary organizations. However, the major recruitment method was through media appeals to the black community. The media campaign brought hundreds of inquiries from all over the country. These were referred to local agencies that conducted screening and home studies for which they were reimbursed by the project.

The project's success in recruiting black families may be related to the major criterion of selection which was simply the desire to adopt. That is, applicants were essentially self-selected. White middle-class family standards were rejected in favor of the broader range of acceptable family patterns typifying the black community. In addition, single applicants were not discouraged. The age range of applicants was expanded. There were no income requirements. Although the majority of applicants were in good health, persons with stable diabetic and heart conditions were approved, as well as polio victims and paraplegics. Sectarian agencies readily crossed religious boundaries in recruitment. Only 40 percent of the applicants were childless. It is too soon to tell what effect these extremely flexible parent recruitment policies will have in the long-term. One unfortunate immediate result of this recruitment campaign, however, was that it was so successful that at the end of the project year, there were more approved families than there were children available and the long wait had resulted in 24 dropouts.

The eventual result of this project's experience was an HEW grant to the National Urban League in 1976 to conduct the Inter-Agency Adoption Project, which continued the program developed by the Inter-Agency Vietnam Adoption Committee. The National Urban League Inter-Agency Adoption Project is focusing on:

- "Defining a Black perspective on adoptions
- Distributing information to help alter attitudes that obstruct adoptions
- Updating procedures to improve adoption practices
- Seeking the elimination of agency fees
- Recruiting Black applicants for adoption
- Stimulating the adoption of children over six and children with handicaps

- Ensuring that children from the same family are adopted together
- Trying to place 100 Black children in adoptive homes"19/

For further information contact NUL/IAP, 500 East 62nd Street, New York, New York, 10021, (212) 644-6508.

Homes for Black Children (HBC) of Detroit is also a home-finding effort which was launched in 1969 by a black agency to find black adoptive homes. Between 1969 and 1976, the agency had placed approximately 600 children for adoption in Michigan. HBC used TV and radio, newspaper articles and journal

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19/ Wait No More (New York: National Urban League Interagency Adoption Project, no date).

feature stories to arouse interest.20/ Instead of sending out screening forms or requesting an office visit, likely prospects who call in are followed up with a home visit. The agency has no single model of a good family, and it avoids policies which it feels might deter applicants such as adoption fees, a welter of written forms, and religious affiliation and fertility test requirements. HBC and the Washington, D.C. based Black Child Development Institute look almost exclusively for homes for black children within the black community and discourage would-be white respondents, relying on appeals to blacks.21/

The predominantly black NAACP Tri-State Project relies on local NAACP chapters in its home-finding efforts and uses a variety of techniques, including posters and brochures, newsletters and special Adopt-a-Child activities on Mothers' and Fathers' days.22/ The success of minority operated adoption agencies in recruiting adoptive parents has been demonstrated by the experience of the above cited projects. The problem in expanding such efforts is that exclusively minority adoption agencies, even more than others, have little access to financial backing in terms of local public funds, charitable contributions or parent fees. Most of the agencies have had to rely on special grants.

Although the focus on the problems of adoption of minority children has been on black children, primarily because they form the largest group, social workers have also encountered problems finding adoptive homes for Hispanic and Native American children. Adoption with these children and their families is complicated by many of the problems of working with other minority groups, often with the addition of a language barrier. There are also significant cultural differences between various Spanish-speaking groups and between tribes across the United States.

Native American tribal codes and policies differ and can result in adopted children being excluded from the parents' tribe. Tribes are placing increasing emphasis on ensuring that Indian children retain their cultural heritage. An example of an Indian adoption program which specializes in recruitment of Indian adoptive parents is in Phoenix, Arizona. It is operated by the Jewish Family and Children's Service and funded by the Phoenix, Arizona Area Office of the Bureau of Indian Affairs. Families wishing to adopt Indian children must include at least one parent who is one-fourth Indian and have cultural ties with the Indian community.23/ In addition to providing casework services to unmarried parents, a small group home has been opened for unwed mothers. No fee is charged to adoptive parents for applications or placements. The program has utilized a wide range of strategies to locate families including newspaper

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20/ I. Jones, "Homes for Black Children: Private Agency in Detroit Eliminates Adoption Obstacles," Ebony 31:8 (June 1976), pp. 53-61.

21/ That They May Have Homes: Report on the Black/Child Advocacy Adoption Project (Washington, D.C.: Black Child Development Institute, 1974).

22/ NAACP Tri-State Adoption Project: Year-end Evaluation Report (Atlanta, Georgia: John Speaks and Associates, June 30, 1976).

23/ Indian Child Welfare: A State of the Field Study (Washington, D.C.: Children's Bureau, U. S. Department of Health, Education, and Welfare, 1976), p.283. Publication number (OHD) 76-30095. Complimentary copy available from E. Dollie Wolverton, National Center for Child Advocacy, Children's Bureau, Administration for Children, Youth, and Families, Office of Human Development Services, P.O. Box 1182, Washington, D.C. 20013.

articles, radio announcements, letters to tribal chairmen and to Indian organizations; as well as numerous meetings with other agencies, community groups, and tribal organizations.24/ Although the program is located in Phoenix, the program serves all Arizona reservations.

Ethnic groups have urged that their members be included in representative numbers on agency boards and staffs.25/ Except for ethnically-oriented agencies, few adoption agency staffs have minority social workers.26/ It helps also to have agency offices located in the minority community, and to use minority social workers exclusively in promotional efforts.27/ Para-professionals also seem helpful in minority adoptive parent recruitment.28/

B. ADOPTIVE PLACEMENT OF OLDER CHILDREN

1. Risks Involved

Along with race, the most common factor contributing to a child's special needs status is age. It is commonly believed that older child adoptions present more problems and difficulties in family adjustment. For example, the older child may have had emotional ties with biological parents painfully disrupted and be distrustful of new relationships, hindering adoptive parent-child bonding.29/ Though the evidence is not conclusive, nor consistent, in part due to varying definitions, infant adoptions do show some statistical advantage over older child adoptions regarding problem avoidance and successful outcomes.30/

While research does indicate that delay in placement may be harmful, nevertheless, the majority of placements of older children are successful. For those attempting older child placements, research findings have been strongly supportive. Tests of the adjustment and achievement of foreign and American children adopted after an early childhood of deprivation have been cited as suggesting the rehabilitative effects of a healthy, permanent family environment.31/ Often despite traumatic years with natural parents or in institutions, the majority of older adopted children have made satisfactory adjustment.

24/ Ibid., p. 283.

25/ Interagency Vietnam Adoption Committee, "Characteristics of Registrants for Adoption," p. 74.

26/ Cole, "Adoption: Problems and Strategies", p.49.

27/ E. Herzog et al., Families for Black Children - The Search for Adoptive Parents (Washington, D. C.: Children's Bureau, U.S. Department of Health, Education and Welfare, 1976). Publication No. (OHD) 76-30058.

28/ D. Wachtel, "Adoption Agencies and the Adoption of Black Children: Social Change and Equal Opportunity in Adoption" (Ph.D. dissertation, University of Michigan, 1972).

29/ M. Humphrey and C. Ounsted, "Adoptive Families Referred for Psychiatric Advice," British Journal of Psychiatry 109 (1963), pp. 599-608.

30/ Kadushin and Seidl, "Adoption Failures."

31/ A. Kadushin, "Reversibility of Trauma: A Follow-Up Study of Children Adopted When Older," Social Work 12:4 (October 1967), pp. 22-33, and A. Kadushin, Adopting Older Children (New York: Columbia University Press, 1970).

One of the more comprehensive reviews of the adoption of school age children, Alfred Kadushin's Adopting Older Children 32/ found that 84 percent of adoptive parents considered the outcome for their children successful or very successful. Most parents in the study had accepted older children primarily because they were told that younger children were not available, that the waiting time would be indefinite and long, or that they were too old to be considered for younger children. Some eventually decided it was an advantage not to have to change diapers and provide the close supervision required for an infant. A major policy implication of the study in terms of parent recruitment is that parents who may initially prefer infants can be successfully diverted to older children.

One advantage for parents in the adoption of an older child is that there is no need for possibly painful revelations of adoptive status. Furthermore, because the child may recall the adverse aspects of life with his/her natural parents, he or she may have a good understanding of the reasons for the adoption. As Kadushin points out, the older child adopts a family as well as being adopted by them.33/

2. Preparing the Older Child for Adoption

If it is true that the risk in adopting an older child is greater than that in adopting an infant, what can be done to minimize this risk? Although nothing can be done to alter the child's history, careful preparation of the child, foster parents, and adoptive parents may improve the likelihood of a successful adoptive placement. Bass 34/ reports striking variations among agencies both in placement techniques with older children and failure rates. She emphasizes the importance of involving all parties to the adoption, i.e., agency, child, adoptive parents and siblings, in the home study, selection process, and decision-making.

Chestang and Heymann offer the following recommendations for working with older children and their foster and adoptive parents to prepare them for adoption. However, the authors emphasize that workers should not use these principles as a mechanized set of procedures. Instead, deeper understanding of the tasks involved and increased sensitivity to children's needs should result from application of their recommendations.

Work with the child should include the following:

a. Clarifying for the child that she/he is not responsible for the fact that she/he does not live with his/her biological parents.

b. Helping the child to recognize that she/he has a right to parents.

c. Helping clarify the child's relationship with his/her foster parents, including help with understanding why they are unable to adopt him/her.

32/ Kadushin, Adopting Older Children.

33/ Kadushin, Adopting Older Children and J. Neilson, "Placing Older Children in Adoptive Homes," Children Today 1:6 (November December 1972) p. 12.

34/ C. Bass, "Matchmaker, Matchmaker: Older Child Adoption Failures," Child Welfare 54:7 (July 1975), pp. 505-512.

d. Helping the child to understand the worker's role in the adoption process.

e. Engaging the child's participation in planning, helping him/her to express his needs and desires.

f. Helping the child to understand what adoption will mean for him/her.

Work with the foster parents should include:

a. Helping the foster parents use their relationship with the child to aid in the agency's choice of adoptive parents.

b. Acknowledging the importance of the foster family's love and care for the child to his/her preparation for a permanent home.

Work with adoptive parents should include:

a. Clarifying the adoptive parents' expectations and preparing them for the fact that the child comes to them with a history that is important in understanding his/her behavior.

b. Clarification of the child's behavior during the "honeymoon" period. She/he may be a model child, withdrawn, or acting out, all in an attempt to determine the degree of acceptance by his/her new parents.

c. Answering adoptive parents' questions about the child's past:

  - the parents should know all that the child knows in order to understand the child's personality, needs and feelings;

  - helping the adoptive parents to understand the child's anxiety and apprehension

d. Provision of post-placement services. The focus should be on helping the adoptive parents understand the child and avoiding any inclination on the part of the worker to retain the parental role. Areas in which the adoptive parents may need help include:

  - answering questions about the child

  - developing parenting skill with a particular child

  - developing insight into the child and his behavior

  - helping the parents to understand that the child's anxieties about his new family may leave him with little energy to invest in school work.[35]

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[35] L. Chestang and I. Heymann, "Preparing Older Children For Adoption," Public Welfare 34:1 (Winter 1976), pp. 35-40. Copyright 1976 APWA.

Foster parents are increasingly assuming adoptive parent status. Agencies should recognize that these families also have important issues with which to deal in adjusting to their new roles. On-going casework should be provided as long as indicated.

Neilson 36/ believes that the foundation of a successful older child placement program is a close supportive relationship between the worker and the child. The worker should see the child at least once a week and have a caseload of no more than 10-12 older children awaiting placement. Strenuous efforts should be made to keep the child with the same worker through the adoption process. As supervisor of a large urban adoption service section, Neilson has developed a program which makes considerable use of visual aids. Children are encouraged to work through traumatic incidents from their past by means of play therapy. When a child becomes interested in his biological family, a life story book is begun by the worker which contains all the information that the worker has on the child that the child is able to understand. The information is often presented in the child's own language.37/

C. ADOPTIVE PLACEMENT OF THE HANDICAPPED

Though smaller in numbers than black or older children, finding adoptive parents for disabled children presents the greatest challenge, especially when a mental or physical disability is combined with age or minority racial status. Since adoption staff may share the general public's unconscious aversion toward the handicapped, or approach placement of these children with defeatist attitudes, staff reeducation is a vital part of preparing social workers for recruitment of parents for disabled children.38/

In the adoption of a handicapped child, adoptive parents may experience an advantage over natural parents in feeling no guilt for having brought the child into the world or for having caused his affliction, either by heredity or prenatal influences. Adoptive parents with existing children may be more open to a child with limitations, welcoming the child's limitations as a challenge, rather than a burden. Realizing that they are needed is what inspires many adoptive parents into action. The experience of many programs placing these children has been that these placements are the most stable of all placements involving special-needs children.

Disabled parents may be accepted for disabled children, a practice which provides the children with role models for success, as well as parents with a practical understanding of what disability means. Concentrating disabilities in a family through adoption may compound logistical problems to some extent, but this disadvantage may be outweighed by the psychological advantage to a child of having a disabled parent.

Some handicaps can diminish in measurable terms with proper treatment, exercise regimes and emotional support. The adoptive family often plays a

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36/ Neilson, "Placing Older Children."

37/ Ibid., pp. 7-9.

38/ Ohio District 11, "Adoption Project for Handicapped Children - First Year Report." (Warren, Ohio: Children's Services Board, April 1976). (Mimeographed.). Further information may be obtained from Barbara Roberts: (216) 372-2010.

constructive role in rehabilitation. This is particularly true for emotional handicaps, but also applies to the level of functioning achieved by a child with diagnosed mental retardation or a permanent physical disability. Where a condition is totally irreversible, as in nerve deafness, blindness, or permanent paralysis, the acquiring of compensatory techniques and a positive self-image can be crucial to the child's successful development. Adoptive parents need to know what special training and services are available, but most of all, they must be on guard against lack of confidence in their own capability and an over-protective attitude which may hamper the child more than his or her actual disability.

For parents adopting a handicapped child, knowledge of the difficulties and satisfactions exprienced by other parents of handicapped children may be crucial to a successful placement.39/ Many organizations have formed to provide assistance and support to parents of children with handicaps or chronic disease. Some are locally based (e.g. Information Center for Handicapped Individuals, Inc. in Washington, D.C.) while others exist at the national level with local chapters, (e.g., National Association of the Physically Handicapped, Inc.).

Closer Look, a national information center for parents of children with handicaps, is a vital resource funded by the Bureau of Education for the Handicapped/OE/HEW. Parents of handicapped children across the country may write for information and assistance in locating appropriate services. In addition, information can be obtained about the rights of the handicapped and advocacy groups which are working to eliminate barriers and open new opportunities. All information, including a subscription to their publication Report From Closer Look, is free. Write to:

Closer Look
Box 1492
Washington, D.C 20013

Federal contracts have been awarded to five coalitions to operate Parent Information Centers to handle inquiries about needs of children with any disability condition. These are: Federation for Children with Special Needs in Boston, MA; Coordinating Council for Handicapped Children, Chicago, IL; New Hampshire Coalition for Handicapped Citizens, Concord, NH; Southwest Ohio Coalition for Handicapped Children, Cincinnati, OH; and Task Force on Education for the Handicapped, South Bend, IN.40/ Putting adoptive parents in contact with these groups as well as adoptive parents' organizations (such as the North American Council on Adoptable Children)41/, both before and after placement of a special-needs child, helps them acquire a realistic picture of what to expect, advice for special problems, and a community of interest in support of their endeavor.

39/ See P. Kravik, "Adopting a Retarded Child: One Family's Experience," Children Today 4:5 (September/October 1975), pp. 17-21.

40/ Report From Closer Look (Winter/Spring 1977), Washington, D.C.: Closer Look, National Information Center for the Handicapped.

41/ North American Council on Adoptable Children, Central Office, 250 E. Blaine, Riverside, California 92507, (714) 682-5364. NACAC has approximately 250 local chapters across the country.

III. STRATEGIES FOR ADOPTIVE PLACEMENT OF ALL ADOPTABLE CHILDREN

Lack of statistical data on recipients of child welfare services across the country makes it difficult to present a clear picture of the present status of adoption services. However, the following points can be made: (1) the number of adoptable or potentially adoptable children is greater in most areas than the number of families presently seeking to adopt the available children; (2) although Kadushin 42/ reports a steady increase in the number of children placed for non-relative adoption, more unwed mothers are keeping their children; (3) there has been an overall decline in adoptions 43/ and, (4) nine out of 10 adoptable children are considered hard-to-place. This picture is further complicated by lack of adequate financial reimbursement and a complicated purchase-of-service system which results in more funding for less cost-effective child welfare services.44/ Strategies which are being increasingly and successfully utilized to increase adoptions of all adoptable children include: advertising and publicity; adoption resource exchanges; subsidies; single parents; and increased emphasis on attitudes, values and advocacy.

A. ADOPTION PAYMENT SYSTEMS

Payment for adoption services is often made on a flat fee basis. Placing children with special needs is time-consuming and involves a higher level of effort at several stages than has traditionally been concentrated on this service. Adoption payment systems as presently structured often act as disincentives to adoptive placement of the majority of adoptable children. Two model payment systems have been developed to ensure adequate and equitable reimbursement to private and/or public agencies for all costs incurred in completing specific activities in the adoption process. The Model Purchase of Service System was developed under the auspices of the Clark Foundation and the North American Center on Adoption. The Model State Adoption Payment System was developed by Welfare Research, Inc., in Albany, New York, under a grant from the Social Rehabilitation Service, DHEW. These systems define a comprehensive set of adoption services and actual costs which results in improved accountability and more cost-effective service. Case-specific recording is emphasized and agencies must account for 100 percent of case-related time. The service hour forms the basic unit of service, and the computed service hour cost, the basic unit of cost.

These systems have been tested in selected agencies. Implementation can require a major effort on the part of agencies which lack sound management procedures. Further information on the Model Adoption Payment System may be obtained by contacting:

42/ Kadushin, Child Welfare Services, p. 595.

43/ Cole, "Adoption: Problems and Strategies," p. 2.

44/ D. Young and B. Allen, "Benefit-Cost Analysis in the Social Services: The Example of Adoption Reimbursement," Social Service Review 51:2 (June 1977), pp. 249-264. Young and Allen suggest that adoption fees are so low that agencies are motivated to retain children in foster care rather than place them in adoptive homes.

Robert J. Ambrosino
Welfare Research, Inc.
112 State Street
Albany, New York 12207
(518) 474-6464

For information on the Model Purchase of Service System contact:

Peter Forsythe
Edna McConnell Clark Foundation
250 Park Avenue
New York, New York 10017
(212) 986-7050

B. ADVERTISING THE AVAILABILITY OF CHILDREN

Advertising of children and of adoption services is a recent and still controversial practice. Advertising adoptive children is usually done in one of three ways: newspapers, television, or direct appeal. Newspaper advertising may be through classified or personal ads, weekly adopt-a-child columns, and child-specific feature articles. Television coverage may be in the form of public service announcements or presentations of actual or composite children, while direct appeals involve meetings with adoptive parents' groups and providing speakers for community association or civic organization meetings where children's pictures may also be circulated.

In the use of advertising for homes for children, visual representation seems to be of primary importance. Many agencies, however, dislike advertising for homes for special-needs children, considering it undignified, though visual exposure of a child almost always guarantees an adoptive placement.[45] The particular method used seems to be less important than the fact that advertising is done.[46] A crucial part of the job of adoptive recruitment is public education and the education of applicants about the types of children needing adoptive homes. Successful use has been made of a variety of audio-visual materials for public education as well as recruitment. The Children's Home Society of Minnesota has developed a series of color slides and cassette tape presentations. More information, including the prices of materials, can be obtained from:

Children's Home Society of Minnesota
2230 Como Avenue
St. Paul, Minnesota 55108

Potential adoptive applicants should be informed of the existence of special-needs children and advised that if they could accept such children, the likelihood of a speedy placement would be greatly enhanced. The most effective methods seem to be those which describe or show an actual child who is in need of adoption. Potential parents must be sufficiently motivated to go through a home study, which requires an emotional investment. Knowing there is an available child on the other end makes it more meaningful and worthwhile. An Ohio project for placing handicapped children never starts with the home study, but begins with discussion of the actual children available. If the applicants express interest, the home study process can then begin for placement of one of these waiting children.47/ It has been found easier to work with families around issues concerning specific children than to work with families in terms of desired or hypothetical children.48/ Cole notes that the children themselves are their own best recruiters.49/ When choosing a child for advertising, selecting one who is typical of a group, older rather than younger, and not too physically attractive is recommended.50/

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[45] Cole, "Adoption: Problems and Strategies", pp. 56-57.

[46] J. Shireman and K. Watson, "The Adoption of Real Children," Social Work 17:2 (July 1972), pp. 29-38.

Extensive and successful use has been made of closed circuit videotaping by the Council on Adoptable Children of New York City (a local chapter of the National Council on Adoptable Children, an adoptive parents' organization) and the Regional Adoption Program (RAP), of Parsons Child & Family Center of Albany, New York. RAP's videotape recording (VTR) program involves taping 5-7 minute segments of their caseload of special-needs children, as well as prospective adoptive parents for these children. The tapes are presented at the Regional Adoption Program's monthly "exchange" meetings where adoption workers have the opportunity to attempt to match children and families from all those available within the program. In addition, tapes are shown to pre-screened adoptive applicants, and to approved parents as a way of introducing a specific child prior to an actual visit. Anyone can learn to use the equipment which will involve an initial expenditure of about $4,000. The estimated cost per taping, however, is only about $7.50. Guidelines for agencies interested in VTR of adoptable children and families have been prepared and may be obtained by writing:

The Regional Adoption Program
Parsons Child & Family Center
60 Academy Road
Albany, New York 12208
(518) 462-6686

Do pictures, newspaper stories, and live television presentations really arouse a productive response? Yes, they do, and though the drop-out rate for those attracted by advertising may be somewhat higher than for other applicants, the net gain of parents through such efforts is still substantial. Some techniques work better with one segment of the community, others with another. Applications of systems theory and marketing strategies have been suggested to enable greater home finding by workers in less time.51/ Lack of a plan for dealing with all the requests that advertising generates is a

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47/ Ohio District 11, "Adoption Project for Handicapped Children," p. 4.

48/ Shireman and Watson, "Adoption of Real Children," p. 27.

49/ Adoption Report 2:3 (Summer 1977), New York: North American Center on Adoption, p.1.

50/ K. Donley, Opening New Doors, Finding Families for Older and Handicapped Children (London: Association of British Adoption Agencies, 1975), p. 15.

51/ Cole, "Adoption: Problems and Strategies," pp. 74-75, and Mott, Foster Care and Adoptions.

serious problem. Pierce-Warwick Adoption Service of Washington, D.C., an agency devoted to placing special-needs children, has utilized posters displayed on the inside and outside of buses, bumper stickers, pins, and television spots in conjunction with the late news. This agency believes that prompt response to all inquiries is basic to the success of any campaign. All inquiries must be answered within 24 hours, and appointments with families are scheduled for no later than 10 days from date of inquiry.52/

In New York State, the Department of Social Services has collected pictures of waiting children in albums which are circulated among agencies throughout the state and among adoptive parent organizations. The pictures make the children real for both potential adoptive parents and for agency workers who have to conduct home studies.

Among adoptive parents' organizations, the word is usually passed around about which agencies are "good" agencies; that is, really trying to find families for children. The fact that an agency advertises for parents is taken as evidence of its openness and its desire to serve children, whereas agencies which do not actively recruit are considered indifferent or overly traditional. Advertising also lets the audience know what kinds of applicants will be accepted; e.g., if black parents only, whether the usual age and physical fitness requirements for parents will be waived, whether subsidies are available, whether working mothers or single applicants will be welcomed.

Concern has been expressed that exchanges and material used in advertising should preserve confidentiality.53/ Although in adoption advertising the child's full name is not revealed, an older child may be recognizable in the community through his picture. In such cases, natural parents may feel that confidentiality has been breached, even though they may have granted permission for placement efforts on the child's behalf. Elizabeth Cole, Director of the North American Center on Adoption, calls for a reevaluation of our use (or misuse) of confidentiality and asks whether or not children's chances of being adopted are being hurt by these policies. She offers the following guidelines to workers:

> " -- Check to see that you have legal consent to use a child's picture. If your agency is the legal guardian or custodian, you may grant the required permission. If not, you may need to obtain consent from the parent, guardian or custodian. You should find out if your state has an administrative ruling which regulates the use of pictures of children under the care of a public agency. This regulation may need to be changed.
>
> -- When dealing with older children, talk with them about some of the efforts being made to find a family. Have them agree to publication of their photographs. (Don't let them find out that they've been in the papers, after the fact, from a classmate.) If they are to be on television, of course they will have to be prepared. (If you are working in television, it is up to you to prepare the interviewer as well.)

52/ Adoption Report, p. 3.

53/ "Foster Care/Adoption Cluster Principles." Washington, D. C.: Coalition for Children and Youth, 1976.

-- Use good judgment in the placement of publicity. Certain geographic areas can be avoided if exposure in these areas might result in embarrassment or harm to the child, his biological and/or foster family.

-- Be positive when describing the child. Try to present him or her as a whole person. Family names and histories should not be used. Describing the present situation is more helpful."54/

Another important concern is not to arouse children's expectations unrealistically. The Center offers technical assistance to agencies or organizations interested in presenting children publicly and positively for adoption. Contact:

The North American Center on Adoption
67 Irving Place
New York, New York 10003

C. SUBSIDIES

The use of adoption subsidies is one means of meeting the needs of children who could be adopted but whose special circumstances make adoption difficult or impossible. These children may have established emotional ties with their foster parents, may have physical, mental or emotional handicaps, may be of minority backgrounds, may be older, or one of two or more siblings who should not be separated. Subsidized adoption is a means to help these children for whom a lack of adoptive families exists.

Under the subsidized adoption plan, the state provides a subsidy for children that enables families that qualify as adoptive parents, with the exception of financial eligibility, to assume permanent responsibility. The subsidy agreement is tailored to the child's specific needs, and may allow for determined medical, legal or other costs; a monthly reimbursement for a limited time; or a monthly reimbursement that continues until, and very occasionally after, the child has reached majority.55/ In some cases the financial eligibility requirement is waived when the adoptee is a special-needs child. Pending child welfare legislation will significantly affect the use of subsidies to increase adoptions. If this legislation is passed, federal matching funds will become available for hard-to-place children who have been in foster care for at least six months. The amount of the subsidy, however, will not exceed the amount paid for foster care.

The Illinois Department of Children and Family Services in Chicago and East St. Louis sponsored a project, funded by the U. S. Children's Bureau, to recruit black homes for black families. The project was successful in assisting 75 percent of foster families to adopt the children in their care, most of these with the help of a subsidy.56/ New foster parent applicants were

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54/ Adoption Report.

55/ Subsidized Adoption in America (Washington, D. C.: Children's Bureau, U. S. Department of Health, Education, and Welfare, 1976), p. 3.

56/ See V. Hargrave et al.,"Where Love and Need Are One" (Chicago, Illinois: Illinois Department of Children and Family Services, 1975).

also asked if they would consider adoption, again with the help of subsidies. Healthy black children of any age had almost no difficulty being adopted and, even handicapped children had less difficulty than expected.[57]

State laws vary in regard to subsidized adoption, but all are intended to increase the number of adoptive homes available for children for whom there are insufficient applicants. The Model State Subsidized Adoption Act and Regulations was developed by the U.S. Children's Bureau with the assistance of experts from many fields incorporating the strengths of various existing state laws. The Model Act stipulates that agencies must first make every effort to place all children under regular adoption programs and must provide evidence that "reasonable efforts have been made to place a child without subsidy."[58] When efforts to achieve adoption without a subsidy are unsuccessful, the child is certified as eligible for subsidized adoption. Provisions are made for long and short-term subsidies which are flexible with regard to the commencement and amount of the subsidy.

The investigations of subsidies to date have involved only their immediate impact on parent recruitment, showing them to be effective for this purpose. A subsidized adoption is final and gives the adoptive parents the same legal rights and responsibilities as in an unsubsidized adoption. The program is designed to increase opportunities for more children to have firm parental ties in a nurturing family relationship.

D. RESOURCE CENTERS

The North American Center on Adoption previously mentioned was established in 1975 through a grant from the Edna McConnell Clark Foundation as a special project within the Child Welfare League of America.[59] It focuses on altering the present fragmented system and making it more responsive to the crucial needs of the children now living in temporary foster care for whom adoption would be the recommended placement alternative. The Adoption Center seeks to substantively change attitudes and practices of the following groups:

- Public and private social service agencies that have custody of the children
- Judges and courts who have jurisdiction over them
- Legislators and administrators who pass laws and make policy, and
- The general public, both potential adoptive parents and child welfare advocates

The Adoption Center promotes interaction and communication among these various sectors, and provides concrete technical assistance to those in the field and dissemination of the most up-to-date information available to agencies, legislators and the media. Specific resources and programs of the Adoption Center include:

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[57] Ibid., p. 91.

[58] Subsidized Adoption, p. 4.

[59] The Center may be contacted at (212) 254-7410 or 67 Irving Place, New York, New York 10003.

- The Adoption Resources Exchange of North America (ARENA)
- Adoption Report, a public quarterly circulated throughout the social work, judiciary, legislative, and citizen advocate sectors. In addition to providing adoption related news, it is a vehicle for inter-disciplinary exchange of information, ideas, and positions.
- Audio-visual resource library of materials which are available either free or at nominal cost for use in staff development or public education.
- Child Welfare resource library, and research and legislative monitoring resources in New York and Washington, D.C.
- Specialized foster care and adoption training for practicing social workers
- The Family Builders network of specialized adoption agencies is coordinated by the Adoption Center. This network of agencies specializes in placing the most difficult to place children. Currently operating in twelve states, the network will eventually operate in all HEW regions. These agencies work with existing agencies on purchase of service agreements. Although some Family Builders agencies have existed for many years, the network is new. Among other efforts, the network is engaged in a pilot effort to raise funds from the general public to cover adoption costs of children with special needs.

The current roster of Family Builders programs follows:

Spaulding for Children - Beech Brook
3201 Euclid Avenue
Cleveland, Ohio 44115
(216) 432-0025

Children's Home Society of
California
Golden Gate District Office
3200 Telegraph Avenue
Oakland, California 94609
(415) 655-7406

Children with Adoptive Needs
Family Counselling Center
2960 Roosevelt Boulevard
Clearwater, Florida 35520
(813) 531-0481

Lutheran Social Services
1855 North Hillside
Wichita, Kansas 67214

Pierce-Warwick
5229 Connecticut Ave., N. W.
Washington, D.C. 20015
(202) 966-2531

Spaulding for Children
24 West 45th Street
New York, New York 10036
(212) 869-8940

Spaulding for Children
321 Elm Street
Westfield, New Jersey 07090
(201) 233-2282

Spaulding for Children
Post Office Box 337
Cheslea, Michigan 48118

Specialized Adoption Resource
Center
Human Development and Research
Center
7100 West 44th Avenue, Suite #208
Wheat Ridge, Colorado 80033

Spaulding Southwest
Christian Child Help Foundation
3605 North MacGregor Way
Houston, Texas 77004

The Adoption of Special Children (TASK)
Medina Children's Service
123 - 16th Avenue
Seattle, Washington 98122

Additional technical assistance and specialized resource materials on the subject of increasing adoptions of special-needs children can be obtained from the Children's Bureau Specialists in the HEW Regional Offices and resource centers. Children's Bureau publications can be obtained by writing to:

The U.S. Children's Bureau
Administration for Children, Youth
and Families, OHDS
P.O. Box 1182, Washington, D.C. 20402

E. ADOPTION EXCHANGES

Adoption agencies usually serve a limited geographical jurisdiction, usually no larger than a city or county, and sometimes smaller. This raises barriers to placement because adoptive children and interested families often do not live in the same sections. Exposés of local government inefficiency have included examples of adoptive applicants being turned away in one district welfare office, even though an excess of children existed in other city districts. Highly localized welfare services seem to be detrimental to provision of adoption services. Workers can, and must, be connected with a wider network.

Adoption exchanges take a variety of forms. some are coalitions of counties, some are regional, including counties from neighboring states. There are currently four functioning regional exchanges in the country which have full-time directors. These are the North West Adoption Exchange, Children's Adoption Resource Exchange of Washington, D.C., Delaware Valley Adoption Resource Exchange and the Massachusetts Adoption Resource Exchange.60/ The majority of the funds received by these exchanges come from the states in their regions through Title XX Purchase of Service. Additionally, there is the national exchange of the Child Welfare League of America, Adoption Resource Exchange of North America (ARENA). ARENA issues participating agencies' monthly placement statistics, statistics on waiting lists of families and children, and selective pictures of children with their description and facilitates placements through referrals. Technical assistance in setting up state and regional exchanges is also provided. For further information contact:

60/ Adoption Report.

Elizabeth Cole
CWLA, 67 Irving Place
New York, New York 10014
(212) 254-7410

An example of a highly successful multi-county adoption program is provided by the Regional Adoption Program, which was mentioned earlier for its videotape recording program. This is a demonstration project funded by Title IV-B funds from the New York State Department of Social Services. The contractor is Welfare Research, Inc., a private research group, and the program is conducted by Parsons Child and Family Center of Albany, New York. Public and private agencies in 17 counties have shared their resources over the past two years with the assistance of specialized services offered by a small team of skilled professionals. Children defined as the most difficult to place were identified by the participating agencies. Of these, 71 (36 percent) have been permanently placed in adoptive homes. Although the project offers no legal services to free the children, it involves some major innovations in adoption work, including:

- A recruitment program consisting of newspaper ads, television spots, direct appeals, and a highly successful closed video-taping program.
- Use of family systems theory in the assessment and placement process.
- Financial support for adoptive placements.
- Use of adoptive parents, children, and siblings in the processes of recruitment, selection, support and training.
- Reshaping of attitudes among the professionals in the field of adoption in terms of children, families, and placements, as they relate to "hard-to-place" cases. This re-training has resulted in a significant ripple effect throughout the participating counties.

Building on a natural tendency for workers to use informal communication networks, the Regional Adoption Team offers coordination, training, and individual specialized services to children and families when needed. Techniques used to facilitate sharing of resources are: a monthly all-day meeting to which workers bring a brown-bag lunch and exchange information; a written follow-up of that exchange; telephone follow-up by the team with each individual case; sharing of video-tapes of children and families; monthly newsletters; and intensive advertising.

> "Feedback from the workers indicates a vastly increased amount of informal personal contact among workers through telephone and written communication. Workers know each other by face, name and personality and use each other more in terms of time and trust. Also, the monthly meetings have helped the members in their professional growth through the training offered. Another asset has been giving the members a greater sense of

professional support for their work and a diminishing sense of isolation."61/

Further information may be obtained on this program from:

Tom Regan, Director
Regional Adoption Program
Parsons Child & Family Center
60 Academy Road
Albany, New York 12208
(518) 462-6686

Local and regional exchanges are designed to help break down regional barriers, but participation is usually voluntary on the part of agencies. Where adoptive placements must cross political boundaries, law and policies may differ, information must be duplicated, and responsibilities may be unclear. In interstate placements, the areas of potential conflict and complication are so great that the Children's Bureau and the American Public Welfare Association have developed an Interstate Compact on Placement of Children. The compact is not intended to supplant existing child placement laws, but is rather a supplement to them and fills an unmet need. A state's authority to place children does not extend beyond its own boundaries. The Interstate Compact provides a means by which a child residing in one state can be adopted by a family residing in another. In brief, the Compact:

- Requires notice and ascertainment of the suitability of a placement before it is made.
- Allocates in specific fashion the legal and administrative responsibilities during the continuance of an interstate placement.
- Provides a better basis for enforcement of rights and responsibilities than now exists and authorizes joint actions of the administrators in all party states to further effective operations and services when either public agencies or private persons and agencies in more than one state are involved in a placement situation.62/

Adoptive parents' organizations have been somewhat successful in pressing for a breakdown of geographical barriers. For example, one parents' group (OURS, Inc., of Minneapolis, Minnesota)63/ has established its own adoption agency for home-finding for children which other agencies cannot place.

61/ Informational pamphlet, Regional Adoption Program (Albany, New York: Parsons Child & Family Center, 1977), p. 11.

62/ The Interstate Compact on the Placement of Children (Washington, D.C.: American Public Welfare Association, 1976). Copies may be obtained from APWA, 1155 - 16th Street, N.W., Washington, D.C. 20036, (202) 833-9250.

63/ Reported in NEWS OF OURS (July/August 1976) Minneapolis, Minnesota: OURS, Inc., p. 8.

To make exchanges more effective, the mandatory registration by an agency of all children and parents who have been waiting a reasonable length of time for placement (e.g., six months) is suggested. Such registration does not preclude agency efforts to effectuate a placement locally. Agencies registering a child on an exchange might also offer to reimburse the home-study costs of the agency finding a family. In addition, lack of placement after a set time period on a local exchange level should trigger referral of either child or family to the next higher level, ensuring broader exposure.

F. SINGLE PARENT ADOPTIONS

As the population of adoptable children consists of an increasing majority of those considered hard-to-place, agency personnel are exploring new alternatives that can offer children permanency in a family setting. Single persons, both male and female, are rapidly becoming an important adoptive parent resource. With rising divorce rates, increasing numbers of American children are growing up in single parent homes, and this has become an acceptable life style. Kadushin's research has contributed to stimulating single parent placements. He reported no evidence that single parent family life is necessarily damaging to children.64/

Evaluation of single parent adoptive placements is complicated by several factors. First, they have been few in number and have occurred only in the past few years. Thus, as in transracial adoptions, there are few indicators of quality of long-term adjustments, particularly during the critical period of adolescence. Because single parents are often considered a last resort, they are usually called upon to accept older children with the most serious physical and emotional problems. Furthermore, according to the available literature, most single adoptive parents are female, as are the children placed with them,65/ and they possess more limited economic resources than those of couples.

In a recent study, Feigelman and Silverman 66/surveyed a sample of single adoptive parents and a control group of adoptive couples. Results were compared across a variety of areas. With few exceptions, single parents' responses were substantially similar to those of adoptive couples. The authors concluded that single parent placements are as viable a resource as are couples and further noted that their findings suggest that "...single adoptive parents possess unusually high commitments to parenting."67/ In the experience of the Regional Adoption Program previously discussed, fewer disruptions of placements have occurred involving single parents than among adopting couples.68/

Agencies probably can justify giving preference to couples over singles in adoptive recruitment efforts. However, the success of single parent adoption

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64/ A. Kadushin, "Single Parent Adoptions: An Overview and Some Relevant Research," Social Service Review 44:3 (September 1970), pp. 263-274.

65/ J. Shireman and P. Johnson, "Single Persons as Adoptive Parents," Child Welfare 50:1 (March 1976), pp. 103-116.

66/ W. Feigelman and A. Silverman, "Single Parent Adoptions," Social Casework 58:7 (July 1977), pp. 418-425.

67/ Ibid., p. 425.

68/ Personal communication with Tom Regan, Program Director, Regional Adoption Program, Albany, New York, 16 September 1977.

placements has been demonstrated, and single parents have proven to be a valuable resource, particularly where a sufficient number of couples is not readily available.

G. ATTITUDES, VALUES AND ADVOCACY

The attitudes and values of adoption workers with traditional views of adoptive placement can act as significant barriers to the placement of those children labeled hard-to-place; a group which now constitutes the majority of children awaiting permanent families. Conviction that a permanent family is not only desirable for every child, but also the right of every child, is the keynote. This conviction must be combined with the belief that these children can be placed successfully.

Agencies should establish contact with special projects and organizations working to increase adoptions of adoptable children. One such group is the North American Council on Adoptable Children, which has local chapters across the country. Among activities sponsored are the following:

- bi-monthly newsletter, Adoptalk
- National Adoption Week
- North American Conference on Adoptable Children
- grants to local parent groups
- publications
- linkages with advocacy and child welfare groups

For informational material and publication list, contact either of the following:

Laurie Flynn, President
NACHC
523 West James Street
Lancaster, Pennsylvania 17603
(717) 393-1490

An adoption agency committed to achieving adoptive placement for all children who need it must make funding sources aware of the financial and human costs of keeping children in foster care without permanent planning. An agency must be able to argue convincingly for additional funding for adoption staff, for staff training, for contracting with other agencies, and for adoption subsidies and promotional efforts. The largest volume of placements have occurred where special funding has covered the entire gamut of adoption services, from relinquishments or freeing of the child, to home-study and actual placement.

The agency should take an optimistic and problem-solving approach with adoption workers and let them know it will stand behind their decision to approve a family, to terminate parental rights, or to set up a television promotion for adoptable children. The risk factor in placing special-needs children must be viewed realistically and the resulting higher disruption rate expected. Cole has noted that, "Fear of failure and an unwillingness by administration to view it as a normal consequence of these placements combine to prevent agencies from placing hard-to-place children."69/ Agencies specializing in placement of special-needs children often experience disruption rates from 10 percent to 15 percent.

The agency director should become acquainted with model statutes on termination of parental rights, subsidized adoptions, and model purchase of service agreements, and adapt these to local use to the extent that state law permits. Where such provisions are not yet included in state statutes, state legislators and the executive branch should be informed of the need to develop laws along the lines proposed by the models. Administrators should urge that their state's Title XX plan include adoption services and also press for increased availability of state funds for adoption subsidies, without an income test, for those adopting these special children.

Adoption workers need more training in: recruitment techniques; placement of special children; post-placement support services; the legal aspects of adoption; and the intricacies of interjurisdictional placements. Exposure to adoptive parents' groups, community groups and successful placement agencies should be encouraged. Several sources of adoption training materials and resources will be briefly described.

The North American Center on Adoption coordinates specialized adoption training programs at three schools of social work: University of Southern California, University of Michigan, and Columbia University. Training curricula, materials and resource information continue to be disseminated through the three schools and can be obtained by contacting:

Adoption Training Project
University of Southern California
School of Social Work
University Park
Los Angeles, California 90007
(213) 746-7927

Foster Care/Adoption Project
Columbia University
School of Social Work
622 West 113th Street
New York, New York 10025
(212) 280-2513

Project CRAFT 70/
Curriculum Resources in Adoption
and Foster Care Training
University of Michigan
School of Social Work
1015 East Huron
Ann Arbor, Michigan 48104
(313) 763-4160

A number of states have developed in-home training materials supported by Title XX training funds. Further information regarding program content can be obtained by contacting:

Adoption Specialist
State of Michigan
Department of Social Services
Post Office Box 30037
Lansing, Michigan 48909

Adoption Consultant
New Mexico Health and Social
Social Service Department
Post Office Box 2348
Santa Fe, New Mexico 87501

69/ Cole, "Adoption: Problems and Strategies," p. 77.

70/ Project CRAFT has compiled a manual of all the training materials used in the program.

New York State Department of
Social Services
State Adoption Service
Two World Trade Center
Room 2850
New York, New York 10046

Child Welfare Supervisor
Virginia Department of Welfare
Division of Social Services
8007 Discovery Drive
Richmond, Virginia 23288

Four publications that adoption workers may find particularly useful are:

Comprehensive Training Program in Adoption for New York State (1977) by Carol Possin. This manual includes material on adoption training, needs assessment, curriculum goals, curriculum/instruction outline, program implementation, evaluation, bibliography, and parenting materials. Copies can be obtained from: Jean Cook, Capital Systems Group, 6110 Executive Blvd. Suite #250, Rockville, Maryland 20852. Price: $8.00.

"Reach Out" - A Program for Children in Need of Adoptive Planning by Barbara Larsen covers permanently freeing children, recruitment and retraining adoption staff. It can be obtained from: Los Angeles County Department of Adoptions, Child Welfare Resource Information Exchange Section, 2550 West Olympic Blvd. Los Angeles, California 90006. Price: $7.50.

Permanent Planning for Children in Foster Care - A Handbook for Social Workers (1977) was developed out of the Oregon Project's experience. It provides assistance in analyzing available child placement options, choosing an appropriate plan and implementing the plan. It can be obtained free of charge from: The U.S. Children's Bureau, Box 1182, Washington, D.C. 20013. Publication No. (OHDS) 77-30124.

Chaos, Madness and Unpredictability by Unger, Dwarshuis, and Johnson describes the Spaulding approach to adoption of special children. Copies can be obtained from Spaulding for Children, Box 337 Chelsea, Michigan 48118. Price: $4.50. Bulk rates are available.

An additional source of specialized training for adoption workers are training conferences sponsored by state and regional exchanges, adoptive parent organizations and agencies. In addition to local and regional conferences, national adoption training conferences are sponsored by: The North American Center on Adoptable Children; the North American Center on Adoption; and the Family Builders network agencies. Attendance at conferences of this kind can reinforce the professional attitudes and values of adoption workers and strengthen their commitment to adoption of special-needs children.

Adoption Services

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VII. RESIDENTIAL GROUP CARE

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RESIDENTIAL GROUP CARE RESOURCE SECTION

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I. LICENSING AND THE DEVELOPMENT OF AGENCY STANDARDS FOR RESIDENTAL GROUP CARE

A. STATE LICENSING STATUTES

The local child welfare agency worker cannot presume that, because a state has licensing statutes and rules, all facilities in the state do, in fact, meet these legislated criteria. Thus, the worker must have a way of determining whether or not a given facility meets minimum standards for comfort, sanitation and safety of its residents, as well as for program elements, qualifications and training of staff, and so forth. The agency should ensure that its staff have access to state licensing reports, in order to determine to what extent licensing standards are met. If state licensing statutes exist and are deemed adequate by the local child welfare agency, then a determination that the agency has a current license may be all that is necessary. When the statutes are determined to be inadequate, or when licensing procedures are not routinely carried out, the agency should develop its own criteria and procedures for evaluating the facilities it proposes to use. The following resources may be of some help to an agency seeking to establish its own set of criteria.

B. CHILD WELFARE LEAGUE OF AMERICA STANDARDS

Child Welfare League of America Standards for Services of Child Welfare Institutions published by CWLA is available from:

Child Welfare League of America
67 Irving Place,
New York, New York 10003.

This publication covers the following areas: total service for child and parents, program for care and treatment, child care work, casework, social group work, plant and equipment, organization and administration, and community planning and organization. The level of specificity of these standards is illustrated by the following section describing sleeping quarters:

- "Bedrooms. There should be a sufficient number of bedrooms accommodating from one to four children each.

  Not more than four children should ever occupy one room, so that individual needs of each child in the group can be met and each child can feel that he has a room of his own where he may enjoy some privacy alone or with a few friends.

  It is generally preferable to have four rather than three children in one room, to avoid situations in which one child must stand alone against two others.

  At least one-third of the bedrooms should be single rooms for children who need them, regardless of the age of the children served by the institution. Adolescent groups, however, should have more single rooms than younger children.

> Cubic space of bedrooms should at least meet state health standards. Each bedroom, including single rooms, should have no less than 700 cubic feet of space per child. Beds should be three feet apart on all sides.
>
> All sleeping rooms should be outside rooms, well-ventilated, adequately lighted and heated. Walls should be painted and washable with provision for children to mount pictures (e.g., peg board, cork strips). Floors should be warm and easily cleaned."[1]

Concerning an important element of program organization, the issue of parental visitation, the CWLA states that:

> "The parent has a right to reasonable visiting privileges. Regular contacts between parent and child should be encouraged.
>
> Facilities used should be near enough to the child's home for parents to visit.
>
> Visiting hours should be flexible for parents who are unable to come at designated times.
>
> Staff should observe the effects on the child of parents' visits.
>
> No child should be deprived of a parent's visits.
>
> Generally it is preferable for visiting to be away from the living unit. Comfortable facilities should be available for parents to see their children with some privacy, and some rooms should be assigned for such use. Occasionally an Open House or special events should be planned so that parents can be invited to visit in the child's cottage.
>
> Child care staff should be helped to accept parents when they visit.
>
> If parental responsibilities are carried by older brothers or sisters or by other relatives, they should be encouraged to visit and maintain a relationship with the child.
>
> In the case of foster parents, their continuing role in terms of visiting and possible return of the child to the foster home should be clarified with them by the agency supervising them or by the agency caring for the child."[2]

---

[1] Child Welfare League of America Standards for Services of Child Welfare Institutions (New York: Child Welfare League of America, 1964), pp. 82-83.

[2] Ibid., pp. 30-31.

C. JOINT COMMISSION ON THE ACCREDITATION OF HOSPITALS STANDARDS

Another source of standards can be found in the *Accreditation Manual for Psychiatric Facilities Serving Children and Adolescents* published in 1974 by the Joint Commission on the Accreditation of Hospitals, 875 N. Michigan Avenue, Chicago, Illinois 60611. The standards are presented in four parts. Part One is applicable to all psychiatric facilities serving children and adolescents. Parts Two, Three and Four cover standards for inpatient facilities, partial day facilities or services, and outpatient facilities or services.

The standards take into account:

"Fundamentals of Care:	The nature and intensity of services that are to be provided to the child or adolescent patient, which depend on the level of responsibility that the facility assumes for the care of the child, i.e. the *penetration-of-care* concept.
Fundamentals of the Facility:	The clinical and administrative aspects common to all facilities.
Fundamental Needs of the Patient:	The needs of the child or adolescent.
Fundamentals of Service:	The psychiatric clinical services of assessment, formulation, treatment, follow-up, and prevention."[3]

The manual also contains the criteria by which psychiatric facilities serving children and adolescents are surveyed for accreditation. An accreditation survey is used to assess the extent of compliance with the standard. Examples of areas that are examined in an accreditation survey are goals, policies and procedures; staff composition and organization; clinical care evaluation; physical plant safety; intake or admission and discharge policies; assessment and treatment planning; and environment.

D. NATIONAL INSTITUTE OF MENTAL HEALTH CRITERIA

In addition to the CWLA and JCAH standards, a pamphlet prepared by the National Institute of Mental Health (NIMH), entitled *It Can't Be Home*,[4] is useful in assessing the social and emotional climate of a group care facility. Each section of the pamphlet deals with a particular facet of institutional life (e.g., religion, privacy, education) and presents:

1. A series of evaluative questions
2. A narrative description of a typical incident
3. An analysis of how the incident was handled and a description of how it might have been handled more effectively.

---

[3] *Accreditation Manual for Psychiatric Facilities Serving Children and Adolescents* (Chicago: Joint Commission on Accreditation of Hospitals, 1974), p. vi.

Although this publication could not be used alone to draw up a set of evaluative criteria and although it addresses some issues that are not pertinent to the assessment of a children's group care facility, it does raise important questions which do not appear in the other sources cited above.

E. INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

In spite of the general recognition that foster care placements should be made as close to the child's home community as possible, the fact is that distant placements sometimes are necessary because no closer alternative placement exists. If an out-of-state placement is necessary, the American Public Welfare Association has drafted a model statute for the interstate placement of children.[5] A number of states have already enacted legislation making them party to this interstate compact. If your agency is located in a state which is not party to this compact, it is strongly recommended that your procedures for placing children parallel those of the compact as closely as possible under your state's statutes.

> "In brief, the compact requires notice and ascertainment of the suitability of a placement before it is made; allocates in specific fashion the legal and administrative responsibilities during the continuance of an interstate placement; provides a better basis for enforcement of rights and responsibilities than now exists and authorizes joint actions of the administrators in all party states to further effective operations and services when either public agencies or private persons and agencies in more than one state are involved in a placement situation."[6]

The Interstate Compact on the Placement of Children can be obtained by writing:

American Public Welfare Association
1155 - 16th Street, N. W.
Suite, 201
Washington, D.C. 20036.

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[4] H. Falck and M. Kane, It Can't Be Home (Washington, D.C.: National Institute of Mental Health, 1971).

[5] Interstate Compact on the Placement of Children (Washington, D.C.: American Public Welfare Association, 1976).

[6] Ibid., p. 2.

II. DEVELOPING A PROFILE OF AVAILABLE CHILD CARE FACILITIES

In addition to determining that a particular facility meets state licensing criteria and/or the agency's own criteria, the worker contemplating placing a child will want to choose a placement which will meet the child's specific needs. In making this choice he or she might find it helpful to have a profile of the various facilities available to the agency. In order for this profile to be useful, a uniform and consistent set of questions must be answered for each facility.

A. TAYLOR TYPOLOGY

Samuel Taylor has developed a list of minimal ingredients for such a profile. They include the following:

> "(1) Capacity: Total number of children who can be served at a given time. Total number of children actually served in the preceding year, including average length of stay in the facility.
>
> (2) Intake: Specification of particular behavior problems and/or emotional disturbances, etc., that the institution believes it is capable of treating, including special circumstances or symptoms that may preclude admission. If religious denomination, geographical residence, or source of fee payment is a consideration, this should be noted, along with factors such as average length of waiting time, seasonal variation of referrals and intake, and special research or demonstration projects that have separate intake criteria.
>
> (3) Staff: Listing of all full-time, part-time, liaison, and volunteer staff by professional discipline, and time spent by each in direct treatment of children and their families. Further, how many of the children are seen regularly in group, individual, or family sessions by which professionals? What types of specialists are routinely available or contractually provided from other families when appropriate? What is the rate of staff turnover?
>
> (4) Program: A description should be given of the treatment and educational objectives of all parts of the program, including the existence and capacity of remedial or corrective services of all types. Careful delineation of primary and secondary modalities of treatment should be provided. Institutions should be asked about whether they make specific efforts to help children make the transition back to the community by providing for aftercare, home visits, participation in community activities, and so forth. Findings of program evaluation studies, including the identity of the evaluators, should be reported.
>
> (5) Facilities: This should include an inventory of all buildings and their function and capacity, along with a notation of "off-campus" facilities used for various activities. Mention should be made of any deficiencies, planned construction, and unique arrangements.

This listing is merely suggestive of major areas that could be included in such a profile. Obviously there would be powerful advantages in developing a nationally uniform list of minimal factors for inclusion in the institutional profile system to be used by every state."7/

B. ELKIN TYPOLOGY

Robert Elkin has also developed a typology for describing institutions by program element which can provide the local child welfare agency with a model profile of available group care facilities. He distinguishes among five types of facilities labeled A, B, C, D, and E on the basis of their differences in:

(1) Reason for intake and intake process
(2) Intensity of therapy offered
(3) Provision for special vs. general education for residents
(4) Child care staff/child ratio and level of staff training
(5) The degree to which staff conferences and use of records integrates the various functions of the staff

This typology neither describes all the options nor treats all the important facets of group residential care. Nevertheless, it is a useful way to begin structuring a profile of facilities available in a particular locale. Table I on the following page summarizes Elkin's descriptive categories as they are presented in his book, Relating Programs to Costs in Children's Residential Institutions.8/

7/ S. Taylor, "Institutions with Therapeutic Residential Programs for Children," in Child Caring, eds. D. Pappenfort et al. (Chicago: Aldine Publishing Company, 1973), pp. 211-212.

8/ R. Elkin, Relating Programs to Costs in Children's Residential Institutions (Washington, D.C.: The American University, 1969).

TABLE I

ELKIN TYPOLOGY

DESCRIPTION OF GROUP CARE TYPES BY PROGRAM ELEMENT

Program Element			FACILITY		
	A	B	C	D	E
INTAKE REASON	lack of suitable home	lack of suitable home	lack of suitable home and problem behavior	serious emotional problems that need treatment and make it impossible for child to live outside treatment facility	serious emotional problems requiring psychiatric care
WHO DECIDES	administrator on the basis of child's meeting institutional limitations regarding age, sex	professional, e.g. social work assessment of child prior to admission	professional judgement in assessment and placement	family and child assessed professionally	family and child assessed professionally
INFORMATION NEEDED	intake study done by outside agency - records primarily statistical health records, sometimes school records and/or report on family	statistical, health records, family records, school records	reports on behavior, psychiatric or psychological evaluation	psychological testing, psychiatric evaluation, developmental history, social study of family	psychiatric and social evaluation of child and parents, psychological evaluation of child, assessment of child's ability to live in a group
PLANNING			often includes out-patient therapy in community	sometimes for family involvement in treatment	for individual and group therapy with specific therapists for educational program for specific child care staff & resident group
THERAPY	no provisions made	none provided in the institution, ray be provided through community facilities	fewer than half of the residents in regular individual and/or group therapy with staff, some therapy through community outpatient facilities	almost all children in weekly individual and/or group therapy; therapy is part of total treatment plan	every child in at least once weekly therapy with psychiatrist or therapy under psychiatric supervision; therapy is part of total treatment plan
EDUCATION General vs. Special	all residents in general education, sometimes on institution grounds child care staff help with homework	all residents in general education, sometimes on institution grounds child care staff help with homework some children get special tutoring	most children in general education; those with learning disabilities or who are behavior problems are in special education special tutoring for some	institution has a special education program for some or all children remedial education teachers may coach or supervise	most children in special education; some children in general education as part of treatment program remedial education provided as part of treatment program
INTEGRATION INTO TREATMENT PROGRAM				teaching program integrated into overall treatment program	teaching program integrated into overall treatment program
CHILD CARE STAFF Training and Education	many have not completed high school	most have completed high school; some have completed special job training	most have completed high school; few have some college; some have completed special job training	most have completed high school; some have some college and/or special job training	most or all have completed high school; many have been to college; some have graduate training
TRAINING AND EDUCATION OF SUPERVISORY STAFF		may have some college	may have some college or may have completed a masters degree	usually have masters degree	masters degree
CHILD/STAFF RATIO	at crucial points of day rarely less than 15:1, frequently greater	at crucial points of day rarely less than 15:1, frequently greater	at crucial points of day 10:1, may range up to 15:1	at crucial points of day child staff ration 7:1, may range up to 9:1	at crucial points of day usually 5:1 staff may work eight hour shifts
INTEGRATION OF FUNCTIONS Conferences	staff conferences for administrative purposes	staff conferences mainly for administrative purposes	regular professional staff conferences for case planning involving administrator, social service staff, and usually child care staff supervisor; the consulting psychiatrist or psychologist may participate or prepare and send reports	regular case conferences to integrate and coordinate work of psychiatrists, psychologists, social workers, child care and special education staff	regular case conferences under direction of psychiatrist to integrate work of psychiatrists, psychologists, social workers, child care and special education staff regular conferences for clinical and child care staff
RECORDS	records maintained for administrative purposes	social work records for social worker administrative purposes general records for administrative purposes	records of various descriptions maintained for use by professionals and for administrative purposes	central records with entries by all five disciplines	central records with entries by all five disciplines

Source: R. Elkin, Relating Programs to Costs in Childrens' Residential Institutions (Washington, D.C.: The American University, 1969.)

III. DEVELOPING A SYSTEM FOR MATCHING THE CHILDREN WITH THE APPROPRIATE FACILITIES

After developing a profile of group residential facilities, the agency interested in obtaining optimum results from its placements must formulate a systematic way of matching each child with the most appropriate facility. Though there is ample evidence that actual placement decisions are often determined in large part by factors other than the child's needs,9/ there exists also a considerable volume of literature concerning placement criteria. In general, this literature consists of articles based on the "practice wisdom" of workers whose experience has led them to isolate a number of factors that are important to consider in the decision to place a child.

A. PLACEMENT CRITERIA

There seem to be two basic criteria on which the choice of a group care placement is based:

(1) The child's need for control that cannot be provided in a family living situation;

(2) The child's need for an array of services that can only be provided effectively in a group setting.

The child's need for control stems from his own inability to control impulsive behavior and/or impaired reality perception that makes him a danger to himself or others. His need for services that can only be met in a group care setting may stem from a reality perception so impaired that he would find it difficult, if not impossible, to make use of them in anything but a group setting.

The factors most often described as indicating the desirability of a group care placement include:

- The severity of the child's emotional disturbance
- The amount and severity of the child's acting-out behavior
- The severity of the child's physiological impairment and/or impairment of intellectual functioning
- The child's age
- The child's ability to tolerate group life
- The child's need for an emotionally dilute environment
- The need for further diagnostic study of the child
- The child's choice of placement
- The parents' choice of placement

Discussion of each of the factors appears in various places in the literature, as the following pages will illustrate.

9/ A. Kadushin, Child Welfare Services, 2nd ed. (New York: Macmillan Publishing Co., 1974), pp. 627-628. M. Wolins and I. Piliavin, Institution or Foster Family: A Century of Debate (New York: Child Welfare League of America, 1964), pp. 36-37.

(1) Severity of Emotional Disturbance

The severity of emotional disturbance in relation to placement is discussed by Korner, Kester, and Paul. Korner recommends institutional placement for the psychoneurotic who is a suicide risk, borderline schizophrenic or psychotic child. A residential treatment center is considered appropriate for all but the grossly psychotic who need hospitalization.10/

Paul sees choice of a group care placement as determined in large part by the severity of the emotional disturbance. As the degree of disturbance and the child's need for on-site services increases, placement choice changes from group residence to a residential treatment center which provides 24-hour supervision and a considerable amount of psychiatric service.11/

(2) Amount and Severity of Acting Out Behavior

Acting out as a factor in group placement is discussed by Korner, Kremenak, Lerner, and Paul. They all see acting out behavior as a criterion for placement in a group setting when the child's behavior reaches a point where he becomes a danger to himself or to others. In this case, the choice of setting would be dependent on the amount of protection needed by the child and the ability of a particular setting to provide both the needed control, the opportunity for "safe" presentation of symptoms, and the treatment offered.

(3) Severity of Physiological Impairment and/or Impairment of Intellectual Functions

The severity of physiological problems as a placement criterion is discussed mainly by Korner and Paul. They agree that only those children whose physiological problems are so severe that they need physical care which cannot be provided outside a hospital setting ought to be institutionalized, unless the child has other problems as well.

The child's level of intellectual functioning is a factor in articles presented by Kremenak and Paul. In general, institutional placement is not recommended on the basis of impaired intellectual functioning alone, unless it is so profound that the child requires total care.

When a lesser degree of impairment is present but accompanied by other problems, for example, emotional disturbance or acting-out behavior, the placement should in part be determined by an assessment of what services a child is intellectually capable of utilizing. However, the less significant the impairment of intellectual functioning, the less importance it should be given in the choice of placement. The definition of intellectual impairment might be made more precise by tying it to a specific test of intellectual ability. However, if there is sufficient uncertainty about the child's level

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10/ H. Korner, "Differential Diagnosis as It Effects the Choice of Placement for the Acting Out Child," Child Welfare 52:1 (January 1973), pp. 29-37.

11/ M. Paul, Criteria for Foster Placement and Alternatives to Foster Care (Albany: New York State Board of Social Welfare, 1975), pp. 38-42.

of intellectual functioning, it may be better to place the child with others of normal ability. This is particularly true in view of what we now know about the possibility of cultural bias in most tests of this nature. Of course, in making such a decision, one must weigh the danger of damage to the child's self-esteem and functioning that might result from placing him/her in an environment that is beyond his/her capabilities.

(4) Age of the Child

Most of the authors in this review recommended against group placement for the child under six. The one exception was Paul, who indicated that a temporary short term group home placement might be acceptable for a very young child if he or she was placed with siblings. Lerner insists that no institution is an appropriate placement for a child under six years of age. Age does not appear to be a factor in the placement of latency age children. It reappears in the discussion of placement for adolescent children in the form of recommendations for group as opposed to foster family care, for the adolescent engaged in emancipating himself from parental ties.12/

(5) Child's Ability to Tolerate Group Life

Redl and Wineman, in their description of admission criteria at Pioneer House in Detroit, stated that there are situations in which group care is contraindicated. For example, there are children for whom sharing an adult produces "deep regression or aggressiveness that is impossible to handle short of a psychiatric ward...Other children go completely out of control when exposed to group life on a sustained basis."13/ In addition to these children who appear to be "allergic" to any type of group setting, there are children whose position on a shyness-toughness continuum, relative to other group members, makes group care in a particular setting inappropriate.

(6) The Child's Need for an Emotionally Dilute Environment

The child's need for an emotionally dilute environment is frequently mentioned as a reason for choosing a group setting.14/ Matek, for example, indicates that group care placement is recommended if the child's relationship with his family is so conflicted or painful that the emotional involvement implied by a foster family placement would be too much for him.15/

(7) The Need for Further Diagnostic Study of the Child

According to Paul, the need for further clarification of "complex personality, familial, or environmental conflicts" and/or the need for

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12/ S. Lerner, "The Diagnostic Basis of Institutional Care for Children," Social Casework 33:3 (March 1952), p. 108.

13/ F. Redl and D. Wineman, The Aggressive Child, (New York: The Free Press, 1957), pp. 46-47.

14/ See Lerner, "The Diagnostic Basis of Institutional Care for Children," and Paul, Criteria for Placement.

15/ O. Matek, "Differential Diagnosis for Differential Placement of Children," Child Welfare 43:7 (July 1964), p. 340.

clarification of choice when long-term placement is contemplated are indications for placement in a temporary group residence or diagnostic facility. A temporary institutional placement is never appropriate for this purpose.16/

(8) The Child's Choice of Placement

The child's choice of placement as a factor in the decision is discussed by Lerner in connection with the choice between foster family care and residential group care. He feels that in the absence of other factors indicating choice of group care, foster family placement is appropriate except in cases where the child manifests strong reaction to such a placement.17/

(9) The Parents' Choice of Placement

An example of the parents' choice of placement taken into account by workers making placement decisions is demonstrated by the Briar study.18/ In discussing contraindications for residential treatment, Kester indicates that family dynamics can play a large part in the successful outcome of residential treatment. For example, a child whose family is relieved to be rid of him may have serious re-entry problems when he or she is ready to return home. A family whose interaction patterns depend on the child may not be able to let him go. In other families, once the "problem" child is removed there is no motivation to use family casework services.19/

B. PAUL TYPOLOGY

The most comprehensive system for matching child to facility currently available appears to be the one developed by Paul for the New York State Board of Social Welfare entitled Criteria for Foster Placement and Alternatives to Foster Care.20/ Her typology is presented in Table II on the following page. It is suggested that the reader refer to definitions of types of group care facilities as an aid in using the table.

The Children's Service Center definition may be assumed to correspond with Paul's Residential Center Type A; the Residential Treatment Center definition corresponds to Residential Center Type B in Paul's typology; and the Child Care Center definition refers to Paul's General Institution.

16/ Paul, Criteria for Placement, p. 54.

17/ Lerner, "The Diagnostic Basis of Institutional Care for Children."

18/ S. Briar, "Clinical Judgments in Foster Care Placement," Child Welfare 42:4 (April 1963), pp. 161-169.

19/ B. Kester, "Indications for Residential Treatment of Children," Child Welfare 45:6 (June 1966), p. 340.

20/ Paul, Criteria for Placement.

TABLE II

SISTER MARY PAUL'S TYPOLOGY

CRITERIA FOR CHOOSING GROUP CARE PLACEMENT

	Group Home	Group Residence	General Institution	Residential Treatment Center Type A	Residential Treatment Center Type B
Emotional Disturbance	cannot tolerate close emotional ties — emotional disturbance which needs on-site professional observation and evaluation	mild or residual, e.g. returning from a psychiatric facility — need to clarify complex personality, familial or environmental conflicts and/or need to clarify choice of long term placement, e.g. degree of structure, therapy, etc. needed	NOT AN APPROPRIATE RESOURCE FOR CHILDREN OF ANY DESCRIPTION	moderately disturbed, not psychotic	severe disturbance, needs 24 hour supervision thought or affect disorder severely withdrawn severe anorexia weakened ego boundaries so as to be severely accident prone
Acting Out Behavior	sufficient impulse control to maintain curfews and generally assure his safety in an open setting — mildly acting out but child needs separation from controlling peer group and needs positive pressure	sufficient impulse control to maintain curfews and generally assure his safety in an open setting — has been a drug or alcohol abuser — child needs professionally toned relationship with authority figure — child needs neutral environment to test out freedom and heterosexual relationships		serious acting out — drug or alcohol abuse	self or other destructive — bizarre sexual behavior — fire setter
Age	6 or older, or younger if part of a sibling group	6 or older	THESE INSTITUTIONS OFFER TOO MUCH TO THE NORMAL CHILD, NOT ENOUGH TO THE EMOTIONALLY DISTURBED CHILD	6 or older	no age specified, perhaps younger than six if any emotional disturbance or acting out characteristics make child undeniably dangerous to self or others
I.Q.	normal to mildly retarded	normal to mildly retarded		normal to moderately retarded	normal to mildly retarded
Need for Structure Support Services	needs some structure — needs more professional help than is available in a foster home	needs some structure — needs some on-site services and specialized program		needs considerable amount of structure, a wide range of supportive services and special program	needs considerable amount of structure, a wide range of supportive services and special program
Participation in Community	attends community schools — uses community recreation facilities	attends community schools — uses community recreation facilities		little or no community participation	no participation
Able to Participate in Group Life	Yes	Yes		Yes	not specified but likely to be little participation

M. Paul, Criteria for Foster Placement and Alternatives to Foster Care (Albany: New York State Board of Social Welfare, 1975), pp. 56-57.

IV. RELATING COSTS TO TREATMENT

A. COSTS AND THE CHILD'S CONDITION

In view of the great expense of some forms of residential group care, the local child welfare agency may wish to examine current placement to determine if there is any correspondence between cost of care and degree of child and/or family disturbance. This question was addressed in a 1973 study for the Colorado State Department of Social Services.[21] The basic hypothesis of the study was that:

> "a definite distinction exists between the youngsters in low, medium and high-priced facilities with the most difficult to reach children being cared for in facilities equipped to provide the most intensive care, and that youngsters in care in facilities serving only the developmentally disabled differ sufficiently from those in other types of care as to make comparision impossible."[22]

Four groups of institutions were isolated:

(1) Institutions for the developmentally disabled
(2) Low cost: under $600/month
(3) Medium cost: $600 - $800/month
(4) High cost: over $800

Children residing in each of the above types of facilities were compared on reason for referral, average number of prior placements, last placement, family stability pattern, family involvement, child typology, I.Q. at admission and discharge, behavior responses, months in placement, reason for discharge, and discharge placement setting.

The following characteristics were found to describe children placed in the low-cost facilities:

"o Emotionally deprived
o Moderate number of police contacts and status offenses
o Non-aggressive
o Well oriented to reality
o Fairly good controls
o Can learn to respond to relationships
o Usually able to attend community schools
o Problems are basically familial
o Either accessible or difficult to reach

Characteristics of youngsters in the medium-priced facilities included:

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[21] Residential Child Care Evaluation Task Force, "Report on Findings of the Residential Child Care Evaluation Task Force" (Denver: Colorado State Department of Social Service, 1973). (Mimeographed.)

[22] Ibid., p. 2.

- Many school and school-related problems, but mostly able to function in community schools
- High runaway incidence
- Drug and alcohol abuse
- Higher incidence of placement in both psychiatric and correctional facilities than children in low-cost facilities
- Mainly non-aggressive
- Well-oriented
- Very difficult-to-reach
- Many prior placements
- Lowest rate of family involvement

Characteristics of children placed in the high-priced facilities included:

- Highest proportion of stable and involved family
- Moderately to well-oriented, some autistic or schizophrenic
- Aggressive
- Difficult-to-reach
- Least involvement with law enforcement agencies
- High level of involvement with psychiatric services
- Too disturbed to attend community schools

Characteristics of children in the facilities for the developmentally disabled included:

- Limited mental and physical functioning and potential
- High degree of family involvement and stability
- Stay in facilities for much longer periods of time than children in other facilities
- Need life training and/or maintenance till death, as well as treatment."23/

B. THE COSTS OF APPROPRIATE PLACEMENTS

Another approach is illustrated by the Bernstein, Snider and Meezan study of children in foster care in New York City. This study analyzed the current placement patterns in New York City to determine whether children were appropriately placed. A preferred placement pattern was established, and estimates were made of the number of appropriate placements needed in each type of foster care for the current year (1974). Costs for the various forms of foster care were established, and the cost of the current actual placement pattern was compared to the cost of the appropriate placement pattern. In addition, predictions were made for the cost of the preferred placement pattern in 1980 and 1985.

The procedure for estimating foster care needs began with a review by highly-experienced caseworkers of a random sample of 10 percent of all the children in foster care in New York City. This review evaluated the appropriateness of initial and current placement according to the criteria for foster

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23/ Ibid., pp. 2-3.

placement developed by Paul (see page VII-38). Analysis of the data from this review yielded the results presented below in Table III.24/

TABLE III

APPROPRIATE PLACEMENT: INITIAL AND CURRENT FOR CHILDREN IN PLACEMENT IN NEW YORK CITY 1974

APPROPRIATE	INITIAL	CURRENT
Yes	42.3	55.7
No	55.3	42.8
Record Unclear	2.4	1.5
Total	100%	100%

Further analysis indicated that the older the child (up to age 18) the more likely he/she was to be misplaced. Protestant (47.3%) and Catholic (40.7%) were more likely than Jewish (19.7%) children to be placed inappropriately. Being black (46.1%) or of Hispanic origin (46.6%) placed the child at higher risk of inappropriate placement than did being white (29.5%).25/

To achieve appropriate placement for all children in foster care, awaiting foster care placement, on probation or discharge for psychiatric hospitals, the authors estimated present needs as:

- 2,631 additional places in residential treatment centers
- 1,322 additional places in group homes and group residences
- 471 additional places in temporary group homes
- 192 additional agency operated boarding homes.26/

At the same time, achievement of the preferred placement pattern would eliminate the need for:

- 3,500 places in foster homes
- 4,000 places in general institutions.27/

According to the authors, the shift to appropriate placement would not have cost much more in 1974 than was actually spent. It might in fact have been less expensive, since part of the additional expense of the preferred alternative was a one-time cost to cover the casework and legal costs of finding adoptive homes for 3,700 children inappropriately placed in foster care which would not, in fact, be spent in one year, but over a period of years.

24/ B. Bernstein et al., Foster Care Needs and Alternatives to Placement (Albany: New York State Board of Social Welfare, 1975), p. 20.

25/ Ibid., p. 22.

26/ Ibid., p. 36.

27/ Ibid., p. 36.

V . FACTORS RELATED TO SHORTENING THE LENGTH OF STAY IN RESIDENTIAL GROUP CARE

A common theme among writers discussing issues in child welfare is that of children caught in the "limbo" of foster care. Far too often children stay in placement after the need for the placement is past. Placements called "temporary" frequently last until the child reaches majority. In view of this fact and in view of the extraordinary cost of some forms of residential group care, it is of the utmost importance that children remain in group care no longer than is required to alleviate the conditions that necessitated the placement.

To enhance the child's chances of returning home and staying home after placement, a review of the literature indicates the following three factors are important:

1. Periodic review of the child's progress
2. Regular and frequent contact with parents
3. Continuity and support in the home and in the community during and following placement

A. PERIODIC REVIEW OF PLACEMENT

A good example of the use of periodic evaluation is provided by the Boston Children's Service Treatment Alternatives Project (TAP). Periodic review and evaluation, as utilized in this project, is the process by which client and therapist jointly review the client's treatment experience according to specific criteria. The TAP Periodic Review Evaluation (PRE) includes:

"1. A clinical evaluation and/or medical review.
2. A mental status examination.
3. A journal of treatments dispensed to the client during the PRE period.
4. A journal of the client's responses to treatment.
5. A journal of social factors influencing the client and/or his treatment, and
6. A statement of the necessity of continued treatment including goals or outcomes to be achieved by that treatment."28/

The PRE is a joint process in which both worker and client participate. Together they review:

"1. The client's objectives for being in treatment,
2. Treatments dispensed to the client during PRE just completed,

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28/ E. Heck and A. Gruber, Treatment Alternatives Project (Boston: Boston Children's Service Association, 1976), p. 208.

3. The outcomes or results of treatment during the PRE just completed,
4. The client's need for continuing treatment for the next review period and,
5. A statement of results or outcomes to be achieved during the next PRE period."29/

Because both consumers and providers of service participate in the PRE, this process was also able to "serve the additional function of renewable, comprehensive, treatment contracts".30/

B. PARENTAL VISITING

David Fanshel's study of the relationship between parental visiting and discharge indicated that parental visiting is significantly linked to higher discharge rates from foster care and that this relationship persists across ethnic groups and over time.31/ It is, therefore, important for the agency to encourage parental visiting and to remove barriers to visiting. Placements at great geographic distance from the parents' place of residence should be avoided if at all possible. Consideration should be given to providing transportation for visiting and perhaps even babysitting arrangements made for siblings. The cost of providing these services must be weighed against the cost of unnecessarily long placement resulting from lack of parental involvement with the child.

C. CONTINUITY AND SUPPORT FOLLOWING PLACEMENT

A number of evaluation studies of residental group care have linked past placement adjustment with continuity and support after placement.32/ Notable among these is a study by Taylor and Alpert entitled Continuity and Support Following Residential Treatment.33/ The study has four hypotheses:

1. "The greater the degree of continuity in the post-discharge environment, the greater the degree of the child's adaptation to the environment.

2. The greater the degree of support in the post-discharge environment, the greater the degree of adaptation to the environment."

29/ Ibid.

30/ Ibid.

31/ D. Fanshel, "Parental Visiting of Children: Key to Discharge," Social Service Review 49:4 (December 1975), pp. 493-513.

32/ J. Johnson and E. Rubin, "A Follow-Up Study of Children Discharged from a Psychiatric Hospital," Exceptional Children 31 (1964), pp. 19-24; M. Allerhand et al., Adaptation and Adaptability: The Bellefaire Follow-Up Study (New York: Child Welfare League of America, 1966); S. Minuchin et al., Families of the Slums: An Exploration of Their Structure and Treatment (New York: Basic Books, 1967); E. Herrera, "A Ten-Year Follow-Up of Fifty-Five Hospitalized Adolescents," American Journal of Psychiatry 171:7 (1974), pp. 759-764.

33/ D. Taylor and S. Alpert, Continuity and Support Following Residential Treatment (New York: Child Welfare League of America, 1973).

3. The greater the degree of pre-admission adaptation, the greater the degree of post-discharge adaptation.

4. The greater the degree of adaptation gained in the institution, the greater the degree of post-discharge adaptation."34/

1. Methodology

The study was conducted with children admitted to Children's Village, a residential treatment program of the Child and Family Services of Connecticut, for at least six months between January 1, 1955 and August 8, 1967. Though only 75 of the 186 children eligible were able or willing to participate, the authors state that "there were no statistically significant differences that would define the respondent sample as a skewed distribution of the total residential treatment population."35/

The variables studied were measured in the following ways:

"o Post-discharge adaptation - Roen-Burn Community Adaptation Schedule (CAS). This schedule elicits three models of response: actual behavior, feelings, and perceptions.

o Adaptation at admission - Assessed from case records describing the child intake.

o Degree of change during residential treatment 36/ - Assessed by comparison of judgements made by independent sources from the closing summary of the case record.

o Support in the post-discharge environment 37/ - Roen-Burns Community Adaptation Schedule.

o Continuity in the post-discharge environment - Family continuity exists when the child lives continuously with parents until reaching independence. Foster family continuity exists when the child lives continuously with the same set of foster parents from discharge until achieving independence.

o Discharge plan - Taken directly from case records.

o Care and the post-discharge environment - Continued contact with the child by the social worker after discharge."38/

34/ Ibid., p. 15.

35/ Ibid., p. 15.

36/ Both adaptation at admission and degree of change during admission were independently rated by the research team. Inter-rater reliability was checked and was found to be at least 87%.

37/ The support measuring items in the CAS are independent of the post-discharge adaptation measuring items.

38/ Taylor and Alpert, Continuity and Support Following Residential Treatment, pp. 11-18.

2. Findings

Hypotheses 1 and 2 were both supported by study results. That is, both continuity and support in the post-discharge environment were related to post-discharge adaptation. Also significant were the child's perception of family support after discharge, early detection of the problem, contact with professional helping agencies before admission, and parental visiting and involvement during care.

The findings related to Hypothesis 3 indicated that in general "it is not possible to predict a child's post-discharge adaptation on the basis of pre-admission variables."39/ There are four exceptions, however. Children who were young (7-9 years), whose problems were not long-standing, whose family situation was stable, and who had "some prior knowledge of a helping relationship", were more likely to have high post-discharge adaptation.40/

The findings relating to Hypothesis 4 indicated that degree of change achieved during residential treatment is not significantly related to post-discharge adaptation. There were, however, three factors in the treatment situation that did have some relationship to outcome: attendance at on-grounds school, parent-child contact during placement, and parent-staff contact during placement.41/

In concluding their research report the authors press for intervention efforts that:

> "continuously and rigorously stress family involvement and participation at all stages of the child's placement. This involvement should begin at intake and take into account how the decision is made for the child's placement. Work with the family should continue throughout the child's placement and after the child is discharged".

According to the authors, this does not mean that:

> "families should be involved within a traditional framework. Rather, the family as a unit should be the key participants in decisions about placement, visiting and discharge planning, as well as taking part in working closely with child care staff as teachers in a joint educational approach."42/

D. PROJECT RE-ED: AN EXAMPLE OF POST-RELEASE SUCCESS

The Children's Re-education Center in Greensville, South Carolina is based on the model developed by Nicholas Hobbs. The model program is, according to Hobbs:

39/ Ibid., p. 51.
40/ Ibid.
41/ Ibid.
42/ Ibid., p. 52.

> "...reality-oriented from the start. It concentrates on the child's attainment of specific skills such as learning to read, to throw a baseball, to approach school without fear. The goal is not to cure a child or prepare him to cope with all possible life-roles, but to restore to effective operation the small social system of which the child is a part...to bring the child and his environment to a point of adequacy just above the threshold."43/

The Greenville program incorporates the three factors which appear to be related to post-release success discussed above: (1) periodic review; (2) frequent parental visiting; and (3) continuity and support after release. The target population for this facility is boys between the ages of six and twelve who are mildly or moderately disturbed, of average or above intelligence, and for whose family a favorable prognosis can be developed.

Preparations for return home and to a community school are extensive. After a conference with the parents a counselor works with the principal and teacher into whose classroom the child will be placed, to prepare the school for the child. The child is prepared for school by either attending an on-grounds school program that is identical to the program in the school where he will be placed, or by attending a community school during the day, but returning to the center at night.44/

Treatment outcomes for this center are reported for the first 26 months of its operation, through May, 1971. Fifty-eight children had been admitted, forty-one discharged. Thirty-one children returned to regular public school classes and six returned to special classes. One child was in the state hospital and three were not in school. Of the thirty-seven children who returned to school two were suspended, but both returned after a short time. The average academic gain was 1.5 months of academic progress for every month in the program.45/

43/ N. Hobbs, "Project Re-ED: New Ways of Helping Emotionally Disturbed Children," in Crisis in Child Mental Health: Challenge for the Seventies, Joint Commission on Mental Health of Children (New York: Harper and Row, 1970) quoted in Glasscote et al., Children and Mental Health Centers (Washington, D.C.: The Joint Information Service of the American Psychiatric Association and the National Association for Mental Health, 1972), p. 197.

44/ R. Glasscote et al., Children and Mental Health Centers (Washington, D.C.: The Joint Information Service of the American Psychiatric Association and the National Association for Mental Health, 1972), pp. 201-202.

45/ Ibid., p. 202.

VI. POTENTIAL BENEFITS OF INSTITUTIONAL CARE

Although in most evaluation studies of children's residential institutions, treatment variables have not been found to be related to successful post-discharge adjustment,46/ a study by George Thomas of children's institutions in Georgia indicates that specific aspects of the institutional experience may be instrumental in the development of specific competencies.

A. THOMAS STUDY

The research questions regarding the impact of institutions on residents were twofold:

1. "Is the institutional experience generally ineffective, in the sense that it inhibits or otherwise distorts the growth and development of competencies needed for community living among residents?
2. Is community-oriented care more effective than its custodial alternative in preparing residents for a return to adequate living in their own communities?"47/

Thomas studied 32 institutions ranging along a continuum from custodial to community-oriented. Community-oriented institutions were defined as those which scored high on all the parts of a community-oriented model developed by Thomas. Briefly, community-oriented institutions are highly integrated with their community environments, and they place considerable emphasis on child involvement in the community, decentralization of facilities and decision-making processes, and replacement planning.48/

Custodial institutions are:

> "...long term care and routinized, impersonal service methods that are productive of institutional remoteness from community environments and internal stresses toward conformity to institutionally continued behavioral standards."49/

To assess the impact of institutions on residents and to determine if community-oriented institutions are more successful in preparing children for return to their communities, three areas of competency - cognitive, social and task, and affective - were assessed. The following tests were used to measure competency:

46/ Herrera, "A Ten Year Follow-up,"; Allerhand et al., Adaptation and Adaptability; B. Garber, Follow-Up Study of Hospitalized Adolescents (New York: Bruner/Mazel, 1972).

47/ G. Thomas, A Community-Oriented Evaluation of the Effectiveness of Child Caring Institutions (Athens, Georgia: Regional Institute of Social Welfare Research, 1975), p. 46.

48/ Ibid., p. 14.

49/ Ibid., p. 8.

- Cognitive Competency. Verbal learning performance skills measured by the Lorge-Thorndike Verbal Abilities Battery.

- Social and Task Competency. Success in task and social relations were measured by the Child Task/Social Relations Competence Scale.[50]

- Affective Competency. A sense of direction in daily life activities was measured by the Nowicki-Strikland Child Locus of Control Scale.

F. THE IMPACT OF INSTITUTIONAL EXPERIENCES ON RESIDENTS

The results led Thomas to conclude that institutional experiences do not have a generally negative impact on residents. The development of cognitive, social, and affective skills as measured by the various tests was influenced by differing mixes of institutional and other factors, in positive as well as negative directions.

(1) Cognitive Competence

In the sample as a whole there was a slightly negligible change in verbal skills. There were real differences in test/retest results among different types of institutions. The residents of participatory institutions showed a substantial decline in verbal skills, while residents of non-participatory institutions showed some gain. However, about 60 percent of the variance in cognitive competency levels may be explainable by factors beyond the institutional experience. The contribution of the institution to development of cognitive skills seems to be largely in the area of providing a stable, highly-controlled environment.

(2) Social Competency.

Only the two most community-oriented institutions showed beneficial effects on social competence. However, as was the case with cognitive skills, factors beyond the institutional experience appear to account for as much as 80 percent of the variance in social competency levels.

(3) Affective Competence.

There was a significant growth in affective competence for the institutionalized children, but again the cause of this growth appears to lie outside the institutional experience. About 75 percent of the variance in residents' affective competence scores resulted from influences other than the institutional experience per se. The amount of variance in affective competency levels explained by the institutional experience seems to be largely a result of the quality and quantity of staff and the amount of decentralization within the institution.

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[50] This scale was developed for the Thomas study at the Regional Institute for Social Welfare Research, Athens, Georgia.

C. CUSTODIAL VERSUS COMMUNITY-ORIENTED CARE

The second question addressed by this phase of the study was: "Is community-oriented care better than custodial care?" The answer, according to Thomas, is a qualified "yes." There were only two institutions that generally accepted children with lower competency scores than those of non-institutionalized children and which released children whose scores were at least equivalent to those of non-institutionalized children. They were institutions who scored high on the community-oriented model. However, the beneficial impact of these institutions was limited to social and affective competencies. The more custodial institutions appear to have offered more in the development of cognitive skills.

VII. USING GROUP HOMES AS AN AGENCY RESOURCE

The use of group homes as a supplementary method of foster care is a resource that can be utilized to meet the needs of children that cannot be met through foster care or institutional placement. There are a number of variations in types of group homes, but the aim of all group homes is to develop inner resources within the children they serve, so that they can eventually return to the community.

Gula identifies and defines five major types of group homes: group foster family homes, specialized foster family homes, agency-owned foster homes, agency-operated group homes and group residences.[51] The following definitions used by Gula are intended to offer a frame of reference, and it should be understood that there exist some differences of opinion with regard to classifications and definitions of group homes.

Foster family group homes usually care for four to six children who may or may not have special needs. A peer group experience in the family setting may be gained if the children are close in age.

The agency-owned foster home usually cares for four to eight children in an apartment or house rented or owned by the agency. Admissions and discharges are the responsibility of the agency. The facility is often run by a married couple who live in; however, some supplementary staff personnel usually offer assistance.

Agency-operated group homes are usually owned or rented by an agency or institution which cares for one group of 4 to 12 children. Counselors or house parents staff the facility and the administrative, supervisory and service responsibilities are handled by the agency.

The group residence serves from 13 to 25 children and has two or more groups of children, each with its own staff. More agency services rather than community services are introduced into the group residence, in contrast to the group home.[52]

The resource most appropriate to the needs of the child should be selected based on a diagnosis and treatment plan. The following treatment needs must be considered in making a decision about a particular resource:

> "nature of adult-child relationships desired; familial or non-familial setting; anticipated attitude of the natural parents and the child toward specific kinds of foster care resources; attitude of the child toward use of help; anticipated behavior of the child in community, school and home; and the professional services needed."[53]

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[51] M. Gula, "Group Homes - New and Differentiated Tools in Child Welfare, Delinquency and Mental Health," in Group Homes in Perspective (New York: Child Welfare League of America, 1964).

[52] Ibid., p. 3.

[53] Ibid., p. 5.

For further discussion of group homes see Group Homes in Perspective, published by Child Welfare League of America, Inc., 67 Irving Place, New York, New York 10003.

Agencies wishing to use model concepts and structures for the development of a group home facility are referred to Elizabeth Lawder et al., Five Models of Foster Family Group Homes, New York: CWLA 1974, price $5.75.

Residential Group Care

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VIII. CASE MANAGEMENT/ADMINISTRATION

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CASE MANAGEMENT/ADMINISTRATION RESOURCE SECTION

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I. CASE RECORDING

The recording of data in a client's case record has traditionally served the following multiple purposes: 1) to insure and improve service, 2) to provide administrative accountability, 3) to facilitate supervision and teaching and 4) to permit research.1/ These more traditional concerns have been supplemented by an increasing focus on recording to enhance accountability, and the need to protect confidentiality. Kadushin has noted that, "There is no consensus on the principal purpose of social work recording; consequently, recording has served these various purposes with limited effectiveness and has served no one purpose well."2/

Wide variation in recording practices exists across agencies, in part because of differing priorities and philosophies. Among other factors which significantly affect recording practice in social agencies are the following:

- "The technological development of audio-visual aids, computers, and data banks
- An increased emphasis on accountability
- The federally mandated development of Professional Standards Review Organizations (PSROs) and the expansion of contractual agreements among voluntary agencies, federal and state funding bodies, and insurance carriers.
- Recent legal rulings on confidentiality, the client's right to access to his records, and a review of the true meaning of informed consent, and
- A widespread change in the way records are kept in the medical profession."3/

Agencies have responded to these diverse pressures in a variety of ways, and it is clear that the nature and purpose of case records in social work are undergoing a reevaluation. Based on an informal survey of recording practices in a wide range of agencies providing services to children and their families, Pinkus 4/ reported that the most frequent recording pattern consisted of extensive recording of the initial interviews plus summaries at stated intervals--usually every three months--and at closing. More extensive records are kept in protective services, foster care, and adoption cases, because of the possibility

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1/ G. Hamilton, Principles of Social Case Recording (New York: Columbia University Press, 1945), pp. 8-9.

2/ A. Kadushin, The Social Work Interview (New York: Columbia University Press, 1972), p. 215.

3/ H. Pinkus, "Recording in Social Work," Enclyclopedia of Social Work (Washington, D. C.: National Association of Social Workers, 1977), p. 1163.

4/ Pinkus, "Recording in Social Work," p. 1166.

of court action, and objectivity in recording information is heavily emphasized. Although the trend is in the direction of shorter more factual case records, some agencies now maintain two records, one official record and one for the worker's professional development.5/ An extreme response to the confidentiality issue has been the elimination of all information in a record that may be construed to be confidential and the substitution of only factual statistical data.6/ Thus, records per se have been virtually eliminated in some agencies. While disagreement continues regarding recording procedures, it is clear that records should be complete, consistent, and manageable, and information should be presented in an objective fashion.

A. TOWARD MORE COMPLETE, CONSISTENT AND MANAGEABLE CASE RECORDS

Case records must contain all the information necessary to fulfill the requirements of caseworkers and supervisors in planning, implementing, and evaluating services to clients. Clear, well-organized written instructions are necessary, telling a worker what is to be recorded and how to record it.

Although some agencies maintain records on families, rather than individuals, these records often do not include adequate information for careful monitoring of individual progress. Individual records on each person receiving service are recommended.7/

The following types of material should be included in each individual record:

1. Face Sheet. These should answer an agency's needs, and usually include at a minimum: case number, client's name, birth date, sex, race, religion, date entered care, status of case (active/inactive, emergency/routine, etc.), current address, custody status, caseworker or team and unit assigned, cross reference numbers to other cases in the family.

2. Legal Documents. These usually relate to custody status of the child.

3. History. A complete history should include information regarding the primary problems that are to be the focus of service, from the perspectives of both parents and child. In addition, the child's developmental history should cover physical characteristics and growth patterns, socialization skills and behavior, cognitive and language

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5/ Ibid., p. 1167.

6/ J. Prochaska, "Confidentiality and Client Records," Social Casework 58:6 (June 1977), pp. 371-372.

7/ Planning and Implementing Child Abuse and Neglect Service Programs, (Washington, D. C.: National Center on Child Abuse and Neglect, Children's Bureau, U. S. Department of Health, Education, and Welfare, 1976), p. 63. Publication No. (OHD) 7630093. Also, requirements of Title XX of the Social Security Act.

development, motor skill development, interaction patterns, school record, and test results and evaluations. Also relevant are characteristics of the natural family, any previous agency contacts, the child's placement history, and information on foster or adoptive families.

4. Correspondence. This may involve exchanges of information between service providers and agency, between consultants and caseworker, or between courts and caseworker regarding a particular case.

5. The Case Plan. The Case Plan is a consensual agreement between caseworker and client regarding problems to be worked on and goals to be achieved. It should specifically relate services to alleviation of particular problems, and include:

   a. A description of the client's strengths as well as the presenting problem to establish a baseline against which to measure progress.

   b. A description of the nature, duration and intensity of the proposed service.

   c. A summary of why the service is thought to be one which will ameliorate the problem.

   d. A description of specific changes expected and goals to be achieved, including clarification of responsibilities of caseworker, child, parents and others involved in the case (i.e., foster parents, service providers, or other agencies).

   e. Proposed dates of contact between worker, service provider, parents and child.

   f. Milestones delineating start and approximate end dates for service segments, dates for reevaluation and expected termination dates.

   g. If contracts are used, a copy of the signed contract between agency or worker and parents should also be included.[8]

   h. Eligibility determination under Title XX related to income.

6. Progress Reports. These reports should be in summary form and related to time-limited objectives of the case plan.

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[8] See In-Home Services Resource Section for a discussion of case plans as contracts.

7. Service Information. Service information will cover types and frequency of service received, cost, fees charged, and record of payments to foster parent or adoptive parents.

8. Follow-up Contacts and Termination. This material may be in the same form as progress reports and relates to goals and time-limited objectives of the case plan.

In a manual entitled Results Oriented Recording in Public Social Service Agencies,9/ the State of Utah Department of Social Services offers the following set of criteria to be used in making case plans and in judging the quality of case recording. The criteria are grouped by heading:

"I. Current Situation

- a. Is the consumer's situation stated specifically?
- b. Is the current situation described with factual statements rather than by inference?
- c. Does the statement of the current situation indicate why the consumer is involved with the agency?
- d. Does the statement of the current situation identify the main people involved?
- e. Is the current situation described in clear, concise, succinct language?
- f. Does the description of the current situation include a statement of the specific conditions, events or behaviors which are causing the consumer difficulty?
- g. Does the statement of the current situation include the consumer's feelings about what is going on?
- h. Is the current situation described in terms of specific, observable behaviors?

II. Strengths/Needs List

- a. Was the consumer actively involved in making the list of strengths and needs?
- b. Were other significant persons such as foster parent, other practitioners, family members, involved in making the strengths/needs list if appropriate?
- c. Are the strengths and needs stated in a specific and concise way?
- d. Does the strengths/needs list cover an appropriate range of the consumer's functioning, i.e., personal adjustment, vocational, social, special interests?
- e. Are strength statements realistic about the consumer?
- f. Are the identified needs realistic and attainable by the consumer?
- g. Are the needs stated positively?

9/ V. Smith and R. Jordon, Results Oriented Recording in Public Social Service Agencies (Salt Lake City: Utah State Department of Social Services, 1977).

III. Immediate Action Plan

a. Was the consumer involved in making the action plan?
b. Is the action plan related to a need from the consumer's needs list?
c. Does the action plan indicate how the consumer's strengths will help achieve the goal?
d. Does the action plan clearly state what the consumer will do, and when the desired actions will be completed?
e. Does the action plan clearly state what the practitioner will do, and when the desired actions will be completed?
f. Does the action plan state the expected outcomes in clear, specific language?
g. Are the desired outcomes ones which are measured by observable means?
h. Is the action plan signed by the practitioner and consumer?
i. Is the action plan attainable by consumer and practitioner within the time frame stated?
j. Is the action plan written in language which the client can understand?
k. Is the action plan dated?
l. Does the action plan establish a date on which the consumer and practitioner agree to review the action plan?
m. If the practioner and consumer felt that a specific short time frame written contract will be helpful to the consumer in the service goal, one may be written. When a contract is written, it should be drafted in line with the criteria for the action plan.

IV. Evaluation (To be written at closure, evaluation of an objective, or when the service mix is changed.)

a. Does the summary contain a clear statement of the results of the action plan?
b. Does the summary contain either a statement of case closure or a statement of continuing service needs?
c. If the case will remain open, does the recording indicate either that the plan remains the same or indicate revisions are needed in items I to III?
d. Is the summary dated?
e. The worker may obtain the consumer's signature on the plan. If the consumer refuses or is unable to sign, the worker should state why. The consumer should receive a copy of the service plan.
f. At the time of episode closure, worker and consumer evaluate the service plan. If the episode is to be renewed, and if the needs and action plan remain the same, the plan need not be rewritten. If the needs change, the related section of the plan must be rewritten.
g. If a case is closed for more than thirty days, a new plan must be developed."10/

10/ Smith and Jordan, Results Oriented Recording, pp. 93-94.

Consistent presentation of information in case records facilitates both appropriate service choice and supervisory review. A study by CWLA 11/ found that the amount of information collected was more related to the decision to place a child than was the type of information. Because the amount of recorded information was inconsistent across cases, there was diversity among service choices for children for whom the same plan would have been appropriate. In cases where more client information was available, placement decisions were more likely than in similar cases where less information had been recorded. Inconsistencies were found among workers regarding service plans considered appropriate in relatively similar cases, and among service plans formulated by the same worker for clients for whom the same plan would have been suitable. It was concluded that these inconsistencies were related to a lack of systematic collection of data and differences in emphasis and degree of specificity during recording.

In addition to aiding caseworkers in service decisions and the development of case plans, standardized recording procedures enhance efficient review of cases and increase accountability. Records must be manageable, both in terms of the physical format and the information content. The material in records should be uniformly organized in a standard sequence and in chronological order, with the most recent information placed in the front. All sheets should be firmly attached to the record and include client's name, case number and date recorded.

Insignificant correspondence and outdated forms should be removed from records and discarded. Microfilming of outdated or bulky narrative material has been used as a means of reducing volume and rendering records more manageable when agencies do not wish to destroy material. Periodic purges of record materials, especially non-objective material which may be outdated, will reduce bulk and storage costs. Pinkus found that a number of agencies now either microfilm or destroy records after a stated period of time, often five years.12/

Both confidentiality and the legal rules of evidence require that material be objective and factual. Case histories and progress reports on abuse or neglect cases should be extensive and explicit because of the possibility of court action. Workers' impressions of cases should be succinct and limited to relevant material and clearly identified as impressions, not facts.

In discussing how to write behavioral objectives, Smith and Jordan, authors of Utah's Results Oriented Recording, make a distinction between a report, an inference, and a judgment. A report is defined as "...capable of verification and excludes inferences and judgments. An inference is a statement about the unknown made on the basis of the known. A judgment is a statement which tells something about how the one making the statement reacts to the situation, person, or object."13/ Social workers who have long

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11/ M. Phillips et al., A Model for Intake Decisions in Child Welfare (New York: Child Welfare League of America, 1972).

12/ Pinkus, "Recording in Social Work," p. 1167.

13/ Smith and Jordan, Results Oriented Recording, p. 71.

utilized traditional process and narrative recording may need in-service training in order to learn how to effectively discriminate between material that is objective and factual, and that which is inferential and judgmental.

B. SOME SUGGESTED METHODS

Traditional narrative and process recording has emphasized history and diagnosis, rather than plans and actions, obscuring information needed to respond to current demands for accountability. Innovative recording procedures are being developed to correct this imbalance. Among the methods in use are interview guides and forms, uniform structured formats, and problem-oriented records (and their several variations) which were originally developed within the medical profession. The major objectives of these various approaches to recording are to:

1). Save staff time
2). Provide clarity
3). Reduce volume
4). Support specific plans and actions
5). Facilitate accountability

1. Forms: The Interview Guide

Interview guides and forms have been developed as a method of collecting information necessary for sound decisions which will not vary from child to child simply because of variations in the amount and kind of information available. Studies suggest that the use of such forms does facilitate more consistent decisions,14/ and workers have endorsed guides as a substitute for recording.

Concern has been expressed that it may be difficult to assess a case adequately in the absence of information about the emotional tone of a worker-client interview. Nevertheless, forms often provide more clarity and objectivity, take less time to complete, and are easier to review than traditional case recording.

Examples of interview guides may be obtained from the Child Welfare League of America 15/ and from the U. S. Department of Health, Education, and Welfare in Planning and Implementing Child Abuse and Neglect Service Programs referred to earlier. Agencies may wish to adapt a guide to their individual purposes and program requirements.

2. Uniform Structured Format

The following is an example of a structured format used by workers when dictating information to be included in records. This format was developed and is in use in the Department of Social Services in Fairfax County, Virginia. The sections marked with an asterisk (*) are the only sections that are mandatory and must be a part of any dictation entry in case records in this particular agency.

14/ Phillips et al., Intake Decisions, p. 28.
15/ Ibid.

"*(a) Summary of Contacts: A listing of all of your significant contacts regarding case and who they were with since last entry. These are obtained from a Day Book. The date which you dictated them into the record should be entered in the Day Book in the last column headed "Date Recorded." This is the first section in the dictation entry.

(b) Presenting Problem: This section is used at the point of service intake to describe the problems as presented by the client.

(c) Reasons for Field Referral: This section is also used at the point of service intake to summarize why case is being opened to services at this time.

(d) Current Situation: Here you can include illustrative material (not every episode) which briefly describes what is currently going on in the family.

(e) Psycho-Social Study: (optional) Here you can include data about the family which aids you in identifying the strengths and limitations of the family and in assessing the services which are needed. Various outlines for a complete psycho-social study are available. Below is an example of one such outline:

1. Identifying Information
2. The Family - background information
3. Adults
    a. General information
    b. Health
    c. Education/Employment
    d. Family attitudes

4. Children
    a. Development history
    b. Physical and mental health
    c. Education
    d. Interests and activities

5. Home and Neighborhood

(f) Case Movement: This section is used to show any movement (or lack of) on the part of the client that has occurred since the last dictation entry. Movement can be identified as progress, regression, stabilization, no movement at all, etc...

(g) Services Provided or Rendered: This can be a listing of the services which the social worker was able to provide since the last dictation entry. Examples are:

1. Counseling services
2. Help with transportation
3. Clothing help
4. Court services
5. Emergency food help
6. Referral for training, etc...
7. Purchase of services

(h) Evaluation: This would be the worker's assessment of what is going on in a case. This is the section where it is appropriate to include worker's subjective perceptions and feelings. In this section YOU can evaluate the problems of the family and its individual members, as seen by you and as you perceive they are seen by the family.

*(i) Service Plan: This section is used to describe the specific program of activities and goals mutually decided upon by the client and the worker. If certain services are needed but cannot be provided due to lack of community resources, this should be recorded. If a service which the agency believes is needed is refused by the family, this should be recorded. This is the last section in the dictation entry.

(j) Closing Summary or Transfer Summary: These sections should very briefly, in one or two paragraphs, refer to the initial problems when the case was first opened, the services provided by the worker during the time the case was active, any significant case movement that was seen and the reason for the closing or transfer at this time."16/

Other possible sub-headings could include (depending on the work unit):

Housing Problem
Court Situation
Allegations against Family
Problems with Children
Adjustment to Foster Care
Special Day Care Problems

Use of a structured format of this type may not result in significant time savings unless the worker is trained to summarize and outline results.

3. Problem-Oriented Recording

The Problem-Oriented Record System (POR) was developed by Lawrence Weed for the purpose of reforming recording practices in the medical profession.17/ The POR system provides a framework for recording content in a meaningful form that facilitates review and accountability. The main components in POR correspond to four basic tasks in problem solving:

16/ Dictation Committee, "Memorandum to Chief Social Work Supervisor." (Fairfax, Virginia: Fairfax County Department of Social Services, March 1976). (Mimeographed.)

17/ L. Weed, Medical Records, Medical Education and Patient Care (Cleveland: Case Western Reserve University Press, 1969).

(a) Data base -- the client's intake data and history
(b) Problem list -- a statement of needs to be addressed
(c) Plans and goals -- an objective to be obtained for each need identified, together with a strategy for attainment;
(d) Follow-up -- progress notes on the plan and periodic assessment of goal attainment.

The data base comprises the initial information that is collected when a case is opened and is traditionally included on face sheets and/or in a social history. The essential data from which problems are identified varies according to the nature of the agency, the type of presenting problems, and the characteristics of the client population and may be as extensive or as specific as an agency's resources and programs dictate. The crucial requirement is that the data base be defined in advance and the minimum necessary information be predetermined.18/

Problems are determined after the baseline data are collected, and are listed as problems rather than diagnoses. The problem list is a convenient device for directing the intervention plan and prevents a worker from focusing exclusively on a single problem. As problems are resolved, this information is noted on the list.

After recording the baseline data, the worker enters material relevant to specific problems. Following the problem list, the second section is Progress Notes, recorded in the following format, using the acronym SOAP:

"(a) Subjective information obtained from a client
(b) Objective information gleaned from clinical observation, tests, referral information, etc.
(c) Assessment or conclusions drawn from the data
(d) Plan"

In addition to providing clarity and focusing attention on action, this manner of organizing information tends to increase accountability. Service providers are committed to specific goals, and a base for auditing the quality of the program's service is established. A reviewer may ask:

"(a) Is the data base complete and appropriate?
(b) Have the problems been fully identified?
(c) Is there an appropriate plan of action for each problem?
(d) Is there an indication that the plan is being carried out?"19/

Variations of the POR system are rapidly being implemented throughout

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18/ R. Kane, "Look to the Record," Social Work 19:4 (July 1974), p. 414.

19/ Kane, "Look to the Record," p. 418.

the field of human services.20/ As a recording system, POR will save time if workers are able to summarize effectively, though dictation may still be necessary. Implementation of the system may require a major staff effort to relearn an entirely new system of recording. Benefits of POR lie in increased clarity and objectivity, the focus on plans and actions, and the facilitation of review and evaluation. In addition, POR offers a realistic response to the confidentiality issue in that only factual material and subjective information obtained directly from the client is recorded.

4. Results-Oriented Recording

A variation of problem-oriented recording has been developed specifically for use in public social service agencies by Veon G. Smith and Roger F. Jordan of the Utah Department of Social Services. Results-Oriented Recording in Public Social Service Agencies is a manual designed to provide a six hour training program for all social services staff that prepares them to use results-oriented case recording as a service tool, as well as to write useful case records. Experience has demonstrated the necessity for thoughtfully organized and carefully presented training programs to assist staff in adjusting to administrative changes of this type. This publication has been referred to previously and is a useful example of a training strategy to improve recording practices in a social service agency.

Results-oriented recording is defined by Smith and Jordan as, "... a written plan documenting the tasks and activities developed by the practitioner and consumer designed to achieve agreed-upon service delivery outcomes."21/ The philosophical structure within which this system has been developed is based upon several factors common to public social services agencies. Clientele typically possess limited education, job skills, and financial resources, and also present a wide range of needs, calling for specific concrete treatment strategies. Employees of public agencies, on the other hand, typically present diverse backgrounds of education, experience and varying abilities. These wide variations in clientele and staff indicate a need for an explicit, well-defined recording process. A third factor involves the issue of confidentiality. Results-oriented recording is designed to be responsive to recent legislation allowing clients access to agency information concerning them. In Utah recording is in duplicate, and the client receives a copy of all material recorded. The emphasis is on service outcomes. Thus the record serves not only as an administrative tool addressing the issue of accountability, but also as a practice tool to involve clients in the service planning and delivery process.

20/ See, for example, M. Sundel, "Introducing and Developing a Goal-Oriented Record Keeping System in a Regional Human Services Program," paper presented at the Center for Training in Community Psychiatry, Los Angeles, 1973; E. Fein and S. Holt, "The Problem-Oriented Record in Mental Health Facilities" (Hartford, Connecticut: Child and Family Services of Connecticut, May 1974). (Xeroxed); W. Martens and E. Holmstrup, "Problem-Oriented Recording," Social Casework 55:9 (November 1974), pp. 554-561; Kane, "Look to the Record;" and G. Burrill, "The Problem-Oriented Log in Social Casework," Social Work 21:1 (January 1976), pp. 67,68.

Five major assumptions are made about social service records. Smith and Jordan state that:

> "(1) The record is limited and is used primarily to validate the mix of services. The results-oriented record is not designed to be a running narrative of service activities. Nor is it designed to include lengthy social study and diagnostic statements. Rather, the results-oriented record is designed to meet the above stated purposes. It is acknowledged that frequently a great deal of information is necessary or useful in some cases for service planning and delivery. Such information is to be an ancillary part of the record to be filed apart from the results-oriented format, although such ancillary material may be referenced in the record.
>
> (2) The service plan written in the record is the result of, and reflective of, a good consumer-practitioner relationship, including the assurance of appropriate consumer self-determination. The appropriateness of the record is not simply an indication of the practitioner's ability to write a good record, but also an indication of his or her capacity to do and reflect competent practice.
>
> (3) The objectives written in the record are short-ranged and are potentially attainable.
>
> (4) Problem-solving responsibilities are shared between the practitioner and consumer and among appropriate others.
>
> (5) The consumer's needs are accurately identified and the practitioner helps develop an appropriate service plan to meet those needs."[22]

This manual may be obtained from:

Utah Department of Social Services
Division of Family Services
150 West North Temple, Suite 370
P. O. Box 2500
Salt Lake City, Utah 84110

Cost is $3.00.

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[22] Smith and Jordan, Results Oriented Recording, pp. 1,2.

II. RECORDS AND CASE MANAGEMENT

Record management procedures interrelate with recording practices and affect the quality of case management. If records are misplaced and cases needing attention are not identified, delays or gaps in provision of services result which may exacerbate problems of children and families. Routine cases will become complicated, and those already involving multiple problems may escalate into urgent situations. The establishment of clear policies regarding management of records, intra-agency coordination of cases, identification of problems, and the assurance of confidentiality are imperative. Size and organization of an agency will affect the level of administrative controls necessary to maintain good practice.

A. PREVENTING LOSS OF RECORDS

The responsibility for management of records must be clearly defined. Responsibility may rest with case managers, an individual within a unit, and/or a team within an agency. Clearly-stated written policies must reinforce delegation of responsibility. Written policies should address the following:

(1) Storage of Records. "Which records are to be stored where?"

(2) Retrieval or check-out of records. "Who may have access to which records?"

(3) Check-in of Records. "Who must return records, where and how soon?"

(4) Deactivation of records. "Who deactivates records, how, and how long after termination?"

Related to this issue are policies concerning the length of time terminated cases remain "active" for the purpose of making follow-up contacts and reports. Also related are policies regarding completion of summaries on all cases in a worker's caseload prior to leaving an agency.

(5) Transfer of Records. "Who transfers records, to whom, and how?"

(6) Tracing of Lost Records. "Who is responsible for tracing lost records and how?"

(7) Protection of Individually Identifiable Information.

The establishment of clear procedures regarding coordination is imperative. Coordinating transfer of a case involves procedures to transfer the recorded information, as well as procedures that facilitate the transfer of responsibility for an individual child. Communication links are of varying levels: mail, telephone and in-person. Methods for both formal and informal internal communication among staff must be stated.

The point at which responsibility shifts from one unit to another, or from one person to another, during the transfer process must be spelled out. The critical elements are feed-back or follow-up mechanisms which insure that a transfer has been completed. Responsibility to insure successful completion of a transfer may be vested in any of the following:

1. The Sending Unit. If the sending unit retains responsibility, a procedure is necessary that would alert the unit when a receipt has not been returned by the receiving unit. Depending on the extent of decentralization, no more than three days should be allowed to lapse without follow-up via telephone and/or a mail tracer. A tickler system in the form of index cards, a log, daily postings of retained first copies of transfer slips, a general calendar with color cued tabs, etc. would assist in the smooth operation of such a system.23/ The unit supervisor or a designated administrative staff member would carry the responsibility for the smooth operation of this system.

2. The mail clerk carrying the case. If the mail clerk assumes responsibility for case transfer, a system of registration, such as used by the U.S. Postal Service, may be implemented, requiring signatures of responsible individuals at both ends. This system must be reinforced by disciplinary action against clerks who lose cases. Separate notification by mail or telephone of intent to transfer a case may also be advisable.

3. The receiving unit. In the case of the receiving unit taking responsibility to prevent case loss through follow-up procedures, implementation of a tickler system would be necessary. This method would require that the sending unit notify the receiving unit of intent to transfer a case, at that point shifting responsibility directly to the receiving unit.

4. The intake worker or case manager. The intake worker may retain responsibility for a case, requiring formal notification of receipt of a case. In the case manager model, the personal interest and involvement of a permanently assigned worker who would stay with the case from intake on through the system to closure has been found to increase efficiency. Frequent transfer of caseworkers diffuses responsibility, decreasing quality of service, and contributes to the breakdown of management controls.

5. An administrator in the central file office. Manual and computer based systems can maintain control of cases and thus

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23/ Office supply company catalogues list many items which could be used to implement a tickler system of this type. There are follow-up folders with metal signals for follow-up. Such a system may be set up by alphabet with signals to indicate the future date for action or by date (day, week or month) with an alphabetic control.

minimize case loss through administrative personnel in the central file office. Receiving units would send receipts to central files rather than back to the sender. The central file personnel would be alerted to the necessity for follow-up procedures if a receipt were not received within a specified length of time.

The choice of which model would be most efficient for a given agency would be dependent on many factors; for example, the size of an agency, organizational form, case loads, staff attitudes and existing procedures.

B. PREVENTING DELAY OR GAPS IN PROVISION OF SERVICES

In some agencies, a case cannot be officially transferred until all material is dictated and the record is complete. Thus, a substantial delay may occur after the client and worker have agreed on the service plan but before the record is completed and ongoing services are begun. In addition, when the service worker receives the new case, it may assume a low-priority status because other cases which are in crisis command the service worker's time and attention. New cases, stabilized at the time of transfer, often develop into emergency cases as a result of delay in the initiation of the service plan.

An agency manager may wish to evaluate administrative procedures relating to transfer of cases. Assessment should address the question of whether or not cases that were originally less severe have developed into crises as a result of delays at various points during the transfer process. A major objective of this assessment is to clearly assign responsibility to prevent delays. The presence of delay can be detected by appending a slip to each case record, designed to collect some or all of the following information. Relevant data might include:

- The date the intake worker reached agreement with clients on the service plan.
- The date the client had his or her last visit with the intake worker.
- The date the intake worker completed dictation of the case materials.
- The date the record was sent from intake.
- The date the record was logged in at the on-going service unit.
- The date the service worker made his or her first contact with the client.
- The date the service worker first met with the client.

bn While the presence of delay or gaps in the provision of services may be a result of heavy caseloads and inadequate staff to handle the volume of work they entail, overall agency performance is more cost-effective when cases are given prompt attention to prevent the development of more serious problems in a client's situation. Good practice has demonstrated that increased emphasis on prevention can be less costly in time and services than corrective efforts. In addition to emphasizing the need to close cases as expeditiously as possible, consistent with good social work practice, the following corrective measures may assist a manager to emphasize the importance of paying prompt attention to cases being transferred.

(1) The agency might revise its policies to incorporate time standards associated with the transfer of cases.

(2) In addition, procedural changes may be inaugurated. For example, as a precondition to transfer, the agency might require a face-to-face meeting with the intake worker, service worker, and the client.

(3) Further, the initiation of timely services might be encouraged through the adoption of a control file. Upon transfer, the intake worker might meet with the service worker and supervisor, noting on a control card the date services are to be initiated and other key milestones for activities and reevaluation.

C. IDENTIFYING CASES NEEDING ATTENTION AND PINPOINTING PROBLEMS

Periodic review of cases may simultaneously fulfill several requirements. Routine supervisory review can ensure that:

(1) Every client has a record and caseworker assigned

(2) Recorded information is accurate

(3) Recording is completed and correct

(4) Caseworker/client contacts have been as planned

(5) Services are being provided as planned

(6) Goals of case plan are being met

Case reviews may consist of partial inventories or audits that can pinpoint and eliminate problems and errors in records, as well as in the file system. Additionally, case review helps the agency maintain a high level of social work practice, monitor delivery of services, and fulfill reporting requirements.

Incorporated in an agency's total information system should be a method which assists workers and supervisors in identifying cases which need attention. Among the cases which should be periodically identified by such a method are: cases on which reports are due, cases for routine follow-up contact, and cases due for review.

A certain percentage of an agency's (or unit's) caseload should be reviewed and records audited periodically, achieving review and audit of the total caseload every six months, thus incidentally fulfilling the requirements of Title XX.

A supervisor should be aware of which cases are due to be reviewed each month and work out a system in order to insure that these cases are identified. The system could be implemented in the following ways:

(a) By keeping a list of cases with the month due on them and giving a list to the workers each month noting cases due.

(b) By having individual card boxes for each worker with cards filed by month they are due.

(c) By marking cases with color tabs to signal the month they are due.

An administrator who identifies an unacceptable level of error in a record system through spot checks during reviews may wish to inventory a larger sample of cases or the entire system. The following comprehensive master lists may be utilized as cross checks during the evaluation of the record system:

(1) Clients accepted for care at intake

(2) Clients rejected and referred

(3) Clients transferred within the agency

(4) Clients transferred out of the agency

(5) Clients terminated

(6) Clients presently being served in each unit

(7) Clients being served through service contracts

In conjunction with an inventory, staff should be surveyed with particular attention to the opinions of those most likely to be aware of the causes and consequences of error, i.e., those directly responsible for, and those directly dependent on, accurate input and output of data and handling of records.

While inventories and staff surveys may be a one-shot effort to upgrade performance through pinpointing problems, on-going monitoring of a system is necessary to maintain efficiency. Evidence suggests that case monitoring and review have a positive impact on agency performance only when combined with administrative enforcement mechanisms.24/

24/ E. Sherman et al., Children Adrift in Foster Care (New York: Child Welfare League of America, 1973), p. 103.

In an attempt to deal with this issue, the State of New Jersey has established a Case Review Unit(CRU), which is directly responsible to the Chief of New Jersey's Bureau of Family Services. The primary task of the CRU is to review all foster care cases and identify those cases which are not progressing toward a permanent plan for each child in care, in order to prevent long-term drift of children in foster care. By giving the CRU authority directly from the Chief of the Bureau of Family Services, New Jersey hopes to provide a means for ensuring that intensive follow-up services are provided. This should encourage the development of permanent plans for children in cases where none exists. The New Jersey system represents an attempt to deal with what has been identified as a major problem in child welfare: the fact that "temporary" foster care often continues for many years, with no plan for permanence for children.25/

25/ Personal communication with W. Van Meter, Case Review Unit, Division of Youth and Family Services, Trenton, New Jersey, November 1976 and January 1978. For further information on this program, please contact William Van Meter, Supervisor, Case Review Unit, Division of Youth and Family Services, Department of Institutions and Agencies, State of New Jersey, One South Montgomery Street, Trenton, New Jersey 08625.

III. TRACKING CHILDREN IN CARE

A client tracking system provides casework and supervisory staff with up-to-date information concerning the status of each case. The objective of a tracking system is to provide a means to ensure that services are being delivered as planned, preventing drift, and loss of information on children in care. This objective can be accomplished through a system, either manual or automated, by which current status information is immediately retrievable for every client, fulfilling the information needs of all units within an agency and providing a method of measuring client movement through the service delivery system. Efficient case tracking will:

- Permit a quick status review.
- Enable an agency to fulfill reporting requirements.
- Facilitate evaluation and the identification of problem areas.
- Assist in the determination of responsibility for action.

A. AUTOMATED SYSTEMS

The increased demand for accountability, the growing complexity of service patterns, and the need for more information on clients has spurred the development of increasingly complex information systems for human service delivery programs. Management information systems specifically developed for use in child welfare include:

(1) Child Welfare Information Services (CWIS)
200 Madison Avenue
New York, New York

(2) Child Care and Placement Information System (CCPIS)
Office of Children and Youth Services
Child Welfare Division
Detroit, Michigan

(3) Child Record System
Edwin Gould Services for Children
109 E. 31st Street
New York, New York

(4) Service Evaluation Information System (SEVINS)
Child & Family Services of Connecticut
Hartford, Connecticut

Automated systems greatly facilitate tracking of children in care, while enabling agencies to efficiently fulfill reporting requirements. Better collection, storage and analysis of information reduces the problem of paperwork. Edith Fein reports on the experience of a large multiservice agency providing a variety of social services, including traditional child welfare and family services, which has implemented the Service Evaluation and Information System (SEVINS).[26] Objectives formulated by agency planners prior to implementation were to develop a system that would:

- "Provide information for administrative decision-making.
- Enhance the capabilities of program planning.
- Do evaluation studies based on cost-effectiveness and cost-benefit analysis.
- Build a record data base that would help attain the first three goals."[27]

The system has made it possible to eliminate redundancy and duplication in forms. Data are regularly collected on case activity sheets. These sheets are filled out after an interview and have proved to be acceptable records that are being used in lieu of dictation. This approach has encouraged more purposeful use of time during interviews and significantly streamlined administrative procedures. Costs can be compared on a program basis and the agency has the capability of determining unit costs accurately, facilitating management of purchase-of-service contracts.

An additional benefit has been the generation of workload measurement data. The system collects two basic types of data: client data and worker data. Worker data includes information showing how each caseworker allocates his/her time among the various primary tasks involved in service to clients. The worker fills out a card for each event of the day, indicating whether the event was case related activity or other activity such as a staff meeting or student training. Monthly reports based on these data show how each worker, each department, and the agency as a whole distributed time among various activities. According to Fein, these reports indicated that workers were spending an excessive amount of time on administrative and other indirect service activities. As a result, a standard was set by the agency that staff members who have no administrative, training, or other responsibilities should spend no less than 50 percent of their time in direct service. The monthly reports are now used to measure progress toward this goal.

Significant problematic issues related to computerization involve confidentiality and human resistance factors.[28] A local agency considering the development and implementation of an automated tracking system must deal realistically with both issues. Sufficient time must be devoted to staff training in the use of the system, because the attitudes and capabilities of staff responsible for input of data will determine whether or not the system can function adequately.

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[26] E. Fein, "A Data System for An Agency," Social Work 20:1 (January 1975), pp. 21-24.

[27] Ibid., p. 21.

[28] K. Kraemer et al., "Computer Utilization in Local Governments: A Critical Review and Synthesis of Research" (Irvine, California: Urban Information Systems Research Group, Public Policy Research Organization, 1973) URBIS Report #1. (Mimeographed.) and D. Fanshel, "Computerized Information Systems and Foster Care," Children Today 5:6 (November/December 1976), p. 18.

B. MANUAL SYSTEMS

Manual tracking systems can efficiently operate in conjunction with a master index or a record system.

1. Master Index

Master index cards vary from very detailed cards similar to a miniature case record, to very simple ones which contain a minimum of identifying information. The amount of work involved in keeping the master index current is directly related to the amount of information the card contains and the frequency with which the information is subject to change.

The primary purpose of a tracking system is to keep current information on the status of each child. Changes in a client's status should always be reported immediately to the master index file clerk. Identifying information may be limited to: name of client, date of case opening, location of complete case record, caseworker assigned, case number, date of birth of client, and present status.

2. Record Systems

The Nyssa Center Information System is basically a three-part manual recording and tracking system that allows for quick, easy retrieval and identification of the status of any given client at any time. The system provides a method of measuring and evaluating client movement through the service delivery system, as well as client flow and alterations in the flow. The three parts of the system are: the rol-a-dex card file, the register of services, and the central files. Each of these is a vital information source detailing specific informational needs, while the combination of the three creates a total information system.

(a) Rol-a-dex Card File. This part of the system provides basic demographic data using a color-coding system to designate client involvement with a particular service. The special arrangment of the tags on the top of the card, as well as the color, indicates client status with a particular agency or specific service division within an agency. Cases are recorded by family and listed by the head of the household. The purpose of the card file is twofold: first, to provide a quick check on the status of the client; and second, to serve as a source for further detailed information on the client. This system facilitates evaluation and provides a quick and accurate unduplicated caseload distribution count of both open and closed cases. The practicality of the rol-a-dex system is seen in the fact that it can store up to 4,000 cards (cases) in a space of approximately one square foot. The reverse side of the card serves as a reference for further information on the services provided for the client.

(b) Register of Services. This aspect of the system is a log of actual services provided for a client. It is maintained by the service delivery workers in each unit and is based on a coding system; that is, there are appropriate codes for each type of service and/or significant case action. The register system provides a means of tracking clients and recording services rendered, documenting client flow, movement, and service utilization.

(c) Central Files. This aspect of the system is where specific case actions, case histories, and specific divisional information requirements are recorded and stored. Included in the central file are required departmental forms (demographic information form, application for services form, and release of information form) and the Client Service Summary form. Color coded files are used to designate cases that are assigned to a single service unit, and cases that are receiving service from more than one unit. All of the service units and individual staff members participate in the creation of the central files, and the files are available for use by any staff member. Because of the need for confidentiality, some units do not record case histories in the central files. Using the central files, the status of a client can be determined rather quickly by checking the Client Service Summary. Each time a central file is retrieved, the unit doing so must also record the date of retrieval and the reason or activity for retrieving the file. This summary of file retrieval corresponds with services provided as coded in the Register of Services. If a case is closed or transferred, e.g., moved from Foster Care to Adoption, this information is recorded on the Client Service form, as well as on the rol-a-dex card.29/

Each of the three aspects of the information system serves as a check to the others. The combined elements provide for flexibility and adaptability, but, more important, they provide a common and integrated information system. The Nyssa system with its series of codes and check points could easily lend itself to computerization if the resources were available.

29/ M. Walston and W. Morton, "Documentation of the Nyssa Center Information System" (Salem: Oregon Department of Human Resources, April 1974). This publication may be obtained by contacting: National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161. Refer to publication number PB 243-139.

IV. REDUCING STAFF TURNOVER

A high level of staff turnover is a common and significant problem experienced by social service agencies. Indeed, in Issues in Welfare Administration: Welfare - An Administrative Nightmare, Galm observed that caseworker turnover had reached "epidemic proportions".[30] She further noted that HEW reported an accession rate of almost 35 percent nationwide and a separation rate of almost 31 percent in fiscal year 1970.[31] Many of the problems associated with inadequate performance and poor quality of service delivery to children and their families are often related to difficulties in retaining competent staff, particularly direct service staff.

This situation can be attributed to diverse issues. A local agency administrator may exercise only limited influence over many of these issues. Other factors germane to staff turnover rates, however, may fall within the supervisor's span of control. In "Administration in Social Welfare", Sarri emphasizes that increased expectations for accountability in social welfare agencies have accentuated a serious lack of management training among administrators who are increasingly confronting complex problems in management of employee relations.[32] Although new techniques and strategies for dealing with these complex issues in human services organizations are largely undeveloped, it is clear that traditional guidelines are frequently inadequate when dealing with conflicts involving: (1) staff with differing backgrounds, education, and experience; (2) consumers and special interest groups with expanding channels through which to articulate needs; and (3) rapidly changing environmental conditions. Some of the issues identified in the literature as relevant to staff turnover will be briefly discussed, followed by suggestions to administrators for staff development which could increase job satisfaction and reduce turnover.

A. ISSUES AFFECTING STAFF TURNOVER

Research has suggested many and diverse issues that affect job satisfaction and turnover among staff in social service agencies. Herzberg has provided evidence supporting theoretical formulations that two different sets of variables affect job satisfaction and job dissatisfaction.[33] While satisfaction seems to be related to job content, employees who were dissatisfied with their jobs cited reasons relating to the context of their jobs. Among the issues that Herzberg identified as context variables were administrative policy, supervision, working conditions, salary, relationships with fellow workers and status.

30/ U. S. Congress, Subcommittee on Fiscal Policy of the Joint Economic Committee. Issues in Welfare Administration: Welfare - An Administrative Nightmare, by S. Galm (Washington, D.C.: Government Printing Office, 1972), p. 33.

31/ Ibid.

32/ R. Sarri, "Administration in Social Welfare," Encyclopedia of Social Work (Washington, D.C.: National Association of Social Workers, 1977), p. 50.

33/ F. Herzberg, Work and the Nature of Man (Cleveland: World Publishing Co., 1966).

Some of the dissatisfaction which affects staff in social services results from external forces such as a perceived low status of social welfare work in a community or a poor image the public has of a particular agency. Agency administrators may ameliorate these problems by maintaining effective liaison with the media, the courts, and the legislature. A carefully planned, on-going public relations program is an essential part of agency administration. Managing Your Public Relations: Guidelines for Nonprofit Organizations is a series of booklets which may be obtained from:

National Communication Council for
Human Services
845 Third Avenue
New York, New York 10022

$2.50 single copies, $12.00 per set.

The intraorganizational forces affecting job context vary across agencies according to "...size of the organization, its goals, the nature of authority relations, the patterns of communication."34/ Patti's review of the literature suggests that an agency with a large number of employees is more likely to have communication problems and low staff morale than a smaller agency. Patti cites research which explains why this phenomenon occurs, and suggests ways to neutralize the apparent negative effects of size by improving communication, increasing participation of staff in the administration of the agency, and maintaining flexibility of agency programs.35/

Another reason for low staff morale may be that an agency's goals are unclear or that staff may perceive agency policies as incompatible with personal or professional values. It is particularly important that staff understand agency goals and know how they are expected to support them. Olmstead and Christensen found that workers appeared to be more productive and satisfied in their jobs when agency goals were realistic and clearly stated.36/

Ineffective or inadequate supervision can also be a cause of low staff morale. As agencies have become larger and more bureaucratic there has been a profusion of policies, rules and procedures to maintain control. Agency administrators should encourage and provide a climate for open communication between supervisors and subordinates, among peers, and across units. Staff should have easy access to superiors and be encouraged to participate in the development of agency policies and practices.

34/ R. Patti, "Social Work Practice: Organizational Environment," Encyclopedia of Social Work (Washington D.C.: National Association of Social Workers, 1977), p. 1535.

35/ Ibid., p. 1536.

36/ J. Olmstead and H. Christensen, Effects of Agency Work Contexts: An Intensive Field Study, Vol. 1, "National Study of Social Welfare and Rehabilitation Workers, Work and Organizational Contexts" [Washington, D. C.: U.S. Department of Health, Education, and Welfare (SRS), 1973], pp. 107-125.

Additionally, "burnout" reactions related to continuous exposure to the emotional intensity and frustrations of social work with child welfare clients can be a significant cause of high turnover. Because much staff turnover has been attributed to "burnout" from heavy workloads, it has been suggested that workers be given a period of time (two to six weeks every quarter) with no new cases added to their caseloads.37/ Additional recommendations to counteract "burnout" include allowing caseworkers more flexible hours, and more job variety involving opportunities to vary casework with community organization and group work.

Most important, however, is that distribution of the workload be equitable. Data from a workload measurement study can be used to assess the amount of caseworker time required for different types of cases, so that work assigned is based on the complexity of cases rather than merely the number of cases.

CWLA describes four methods for measuring workloads which could be useful: a) gross (total) time measurement, b) time log, c) job ticket, and d) work sampling.38/ Gross time measurement involves accounting for all the time spent by a worker for the entire day over a specified period of time (usually two or three weeks). The worker is given a log sheet for each day which has been divided into 10 to 15 minute intervals. On this sheet s/he is to record a code number or letter for each interval to indicate the activity of that interval. This is the easiest method to administer, but it involves more of the workers' time than other methods. It also has the disadvantage of being truly representative of only the two or three week period during which the gross time measurement was carried out.

The time log method is very similar to that of gross time measurement. The major difference is that data are gathered on a random sampling of days over a year's time rather than for a discrete time period. The advantages of this method are that it is in some ways less burdensome to staff and less disruptive of on-going activities, as well as being representative of the agency's work over the entire year. Disadvantages include the fact that it is more difficult to administer because of the sampling procedures and the requirement that the process must be monitored through the year.

The job ticket method focuses on the work unit rather than time measurement for individual staff. The primary disadvantage of this method is that it requires a great deal of staff effort and motivation to collect data on a sufficient number of each type of work unit to insure a representative sample.

Work sampling is the method recommended by the Family Service Association of America.39/ The underlying assumptions in the work sampling study method are that a random sample of moments of the worker's time per day will adequately represent his/her day and that a random sampling of work moments of all the

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37/ C. Henry Kempe, Houston, Texas: Second Annual National Conference on Child Abuse and Neglect, April 1977. (Remarks before the Plenary Session.)

38/ Workload Measurement in Child Welfare (New York: Child Welfare League of America, 1970), pp. 12-13.

39/ Time & Cost Analysis Series (New York: Family Service Association of America, 1968).

staff through the year will be representative of the agency's work as a whole. This method impinges less on the worker's day-to-day activities than do any of the other methods. However, sampling procedures must be rigorously followed. An agency without the capacity of doing this should not attempt this particular method.

More recently, payment systems have been developed for adoption services which define a comprehensive set of line-worker activities and utilize case specific recording to account for 100% of case related time. Thus the case hour becomes the basic unit of service, and workloads are measured and costs computed accordingly.40/

While agencies usually participate in some workload measurement efforts, the objectives are often to provide evidence of worker productivity and substantiate agency requests for additional staff. These data also should be used to ensure equity of workload distribution.41/

Finally, in order to present a balanced picture of the issues relating to staff turnover in an agency, some mention should be made of other factors related to the practice of social work, such as worker mobility and the increased number of non-professional workers in public agencies. Kadushin cites research supporting the contention that public agency staff may lack commitment to their jobs, having accepted the position because they were unable to obtain the job of their choice.42/ In the absence of professional commitment to the child welfare field, an agency director must attempt to instill a commitment to the agency's mission, and encourage development of feelings of trust and interdependence among staff and administrators. Carefully planned staff development activities and purposeful efforts to improve intra-agency communication may help to accomplish these objectives.

B. STAFF DEVELOPMENT

Cohen defines staff development programs as including: "...orientation to the agency, individual and group supervision, consultation, seminars, staff meetings, peer review, interagency educational programs, participation in committees and on task forces, and attendance at professional institutes and conferences."43/ Such programs are designed to improve on-the-job performance of staff. An additional dimension of staff development is organizational development which aims to improve overall organizational functioning by involving staff in the planning of training and development programs.44/ Agency boards and administrators are faced with decisions concerning what particular staff development programs are needed, how much can be spent on staff development, where to locate effective training programs, and how to make the most efficient use of the opportunities at hand.

40/ See Adoption Service Resource Section.

41/ See Fein, "A Data System for an Agency," p. 22.

42/ A. Kadushin, Supervision in Social Work (New York: Columbia University Press, 1976), p.32.

43/ G. Cohen, "Staff Development in Social Work," Encyclopedia of Social Work (Washington, D.C.: National Association of Social Workers, 1977), p. 1541.

44/ See L. Kirkhart, and N. Gardner, eds. "Symposium: Organizational Development," Public Administration Review 34:2 (March/April 1974), pp. 97-140.

The remainder of this section on staff development will briefly address three topics: supervision, the team model as a means to improve intra-agency communication, and training.

1. Supervision

Although changing many aspects of an agency's operation may be costly, improvement of supervision is not. Effective supervision is one of the most important means of improving staff morale and performance and reducing costly turnover. Supervision in social work has traditionally served two purposes: (1) educational to improve professional skills; and (2) administrative, to maintain organizational accountability. Kadushin, however, emphasizes a third function, that of "expressive-supportive-leadership."[45] This function should address the broad spectrum of problems which direct service workers in local child welfare agencies encounter.

Increasing opportunities for middle-level management and supervisory positions have become available for social workers with graduate degrees. Many graduate schools of social work are strengthening their curricula in administration and supervision. Newly-graduated social workers, however, may have little experience in direct service or other social work practice, and it is especially important that emphasis be placed on their development of supervisory skills. Although little information is available on issues and methods related to supervising the supervisor, the innovations mentioned below could be used to increase supervisory and interpersonal skills.

Direct observation of the supervisory conference or some form of visual and/or audio recording could be useful to both the supervisor and the supervisee. This kind of feedback on supervisory performance could be especially helpful to recently graduated MSW's who may have been placed in supervisory level positions after brief periods of time spent in direct service. Two publications of particular interest to supervisors are: Alfred Kadushin's previously mentioned Supervision in Social Work, and a booklet offered by the American Public Welfare Association, written by Eve Kneznek, entitled Supervision for Public Welfare Supervisors.[46]

Innovations in supervision include direct observation of the supervisee, video and/or audio taping of the interviews, peer supervision, and time limited supervision. Direct observation or the use of various recording media can overcome one of the biggest obstacles to effective supervision: the supervisee's selective memory with regard to what occurred during the interview or group session. A major advantage of audio-visual techniques is that they allow for playback. Thus, the supervisee is able to see and hear him/herself as he/she is seen and heard by others.[47] Peer group supervision and time-limited supervision are both possible solutions to the problem of prolonged supervision. Peer group supervision, which might be more appropriately termed consultation, encourages the peer group to conduct group meetings. Meetings are devoted to a review of cases and treatment approaches, and the group climate is characterized by mutual sharing of expertise, shared responsibility for professional development, and maintenance of agency services standards.48/ Time-limited supervision is illustrated by the contract system described by Fox.49/ In this form of supervision, the supervisor and supervisee sign an agreement specifying the things the worker needs to learn in a specified period of time. It appears to be analogous to the contract between client and agency, which is becoming more prevalent in child welfare practice.

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[45] Kadushin, Supervision in Social Work, p. 20.

[46] E. Kneznek, Supervision for Public Welfare Supervisors (Chicago: American Public Welfare Association, 1966).

[47] Kadushin, Supervision in Social Work, p. 420.

2. Improved Communication

Sarri observes that, "Social Agency Administrators are liable to be confronted increasingly with problems in conflict resolution, management of employee relations, and differential use of staff."50/ A major dilemma in the utilization of staff is the varying backgrounds, education, and experience of staff recruited to work in public agencies.

In a paper prepared for the Office of Child Development, Willard Richan 51/ recommends a staff structure based on the team model proposed by Brieland and others for foster care services.52/ The team, as described by Richan, consists of a leader with an MSW, social workers with BA's, and paraprofessionals. Cases are assigned to the team as a whole, but ultimate accountability resides with the team leader. The BA level workers provide the majority of direct services to clients, with assistance from the team leader when his/her expertise is required. Paraprofessionals are able to specialize; for example, a paraprofessional assigned to a team might specialize in foster parent recruiting or in community resource mobilization. Some advantages of the team model are that it can:

- Allow for specialization without fragmentation.
- Foster cohesion within work units through the interdependency of workers.
- Overcome the paraprofessionals' difficulty with moving beyond the specifics of the situation, and help the professional to see the impact of agency policy and regulations on individual clients.
- Increase the likelihood that a wider set of alternatives will be considered in the process of making important decisions, such as removal of the child from his home.

48/ R. Hare and S. Frankena, "Peer Group Supervision," American Journal of Orthopsychiatry 42 (1972), p. 527, cited by A. Kadushin, Supervision in Social Work, p. 438.

49/ R. Fox, "Supervision by Contract," Social Casework 55:4 (April 1974), pp. 247-251.

50/ Sarri, "Administration in Social Welfare," p. 50.

51/ W. Richan, "Working Paper on Personnel Issues in Child Welfare" (Philadelphia: Temple University School of Social Service Administration, 1976). (Mimeographed.)

52/ D. Brieland et al., Differential Use of Manpower: A Team Model for Foster Care (New York: Child Welfare League of America, 1968). Further information on the team model may be found in Naomi I. Brill, Teamwork (Philadelphia: Lippincott Co., 1976).

- Reorient the focus of evaluation from process to outcome because the whole case is handled within the same unit.

Introduction of the team model is not without its problems. It may require considerable reorientation for the staff. It also requires skill on the part of the staff person assigning cases to the team, as well as skill in assigning cases to individuals within the team. Work relationships become increasingly important as team members become more interdependent. A major benefit of the team model is improved communication among staff.

3. Training

While supervision and communication relate to internal, on-going functioning of an agency, structured training programs may be conducted either within an agency or obtained from other sources external to the agency. Most public agencies do not lack training opportunities. The problems are to identify those that are needed and are effective, and to budget sufficient funds to provide for the different kinds of training programs that could be beneficial for staff. Programs may range from teaching the "nuts and bolts" of functional accounting and computer utilization to team management and organization development. In most states there are municipal leagues, university-connected training centers, and community colleges which offer specialized training opportunities to supplement those which may be available through the state department of social services. In Managing Human Services, the International City Management Association cites several examples of such training opportunities.[53] The Action Training Service of the Kansas Municipal League, the League of California Cities, the Massachusetts League of Cities and Towns, and the New England Municipal Center have all run specialized programs and workshops for human services personnel.

Two groups -- administrators and non-professionals in public agencies -- are in particular need of training. The critical need for curricula to address administration in social services agencies, particularly in such areas as systems management, planning by objectives, and cost-accounting methods has been mentioned by Cohen. [54] The Child Welfare Resource Information Exchange has identified an example of a self-teaching audio-cassette unit which addresses some of the management issues in the public sector.[55] The program consists of six casettes with a coordinated workbook and text to be used for independent study or with a group. Entitled Management by Objectives and Results in the Public Sector, the book requires managers to focus on results rather than activities. Emphasis is placed on identifying indicators of effectiveness, establishing realistic and measurable objectives, and taking corrective actions to keep objectives and action plans directed toward desired results. Management by Objectives and Results in the Public Sector, by George Morrisey, may be obtained from:

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[53] W. Anderson et al., eds. Managing Human Services, (Washington, D. C.: International City Management Association, 1977), p. 222.

[54] Cohen, "Staff Development", p. 1544.

[55] EXCHANGE, 1:2 (September 1977) Washington, D.C.: Child Welfare Resource Information Exchange.

MOR Associates
P. O. Box 5879
Buena Park, California 90622

Price: $95.00.

In-service training for paraprofessionals and volunteers has received some attention in the literature. Lela Costin provides an example of how a particular agency function can be analyzed and then taught to the non-worker. Faculty at the Jane Addams School of Social Work undertook a three-year cooperative training program with ten state public child welfare agencies which focused on the licensing of homes for child day care. The overall purpose of the project was to demonstrate that the non-professional staff person can be trained to adequately perform the tasks involved in the licensing of family homes for the day care of children.56/ Agencies employing these newly trained workers expressed satisfaction with the performance of the trainees following training. The findings of the project evaluation indicated that the worker's competency depended largely on the clarity of agency expectations and how much support and opportunity for learning the agency provided in this area for all its staff.

While these two groups of social service staff--administrators and non-professionals--have been identified as generally in need of in-service training, the more fundamental issue seems to be to "... delineate the roles and tasks to be accomplished by each level [of staff] and the amount of education and training, both academic and agency based, necessary to provide sufficient unduplicated service of high quality."57/ Accomplishment of this objective requires sophistication in public personnel administration, and knowledge and experience regarding program needs and utilization of available resources. In addition, agencies should place a high priority on providing an adequate range of training opportunities for all levels of staff. The emphasis on staff development can be used to help an agency reduce staff turnover which is a serious drain of agency resources.

56/ L. Costin, "Training Nonprofessionals for a Child Welfare Service," Children 13:2 (March/April 1966), pp. 63-68.

57/ Cohen, "Staff Development," p. 1542.

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